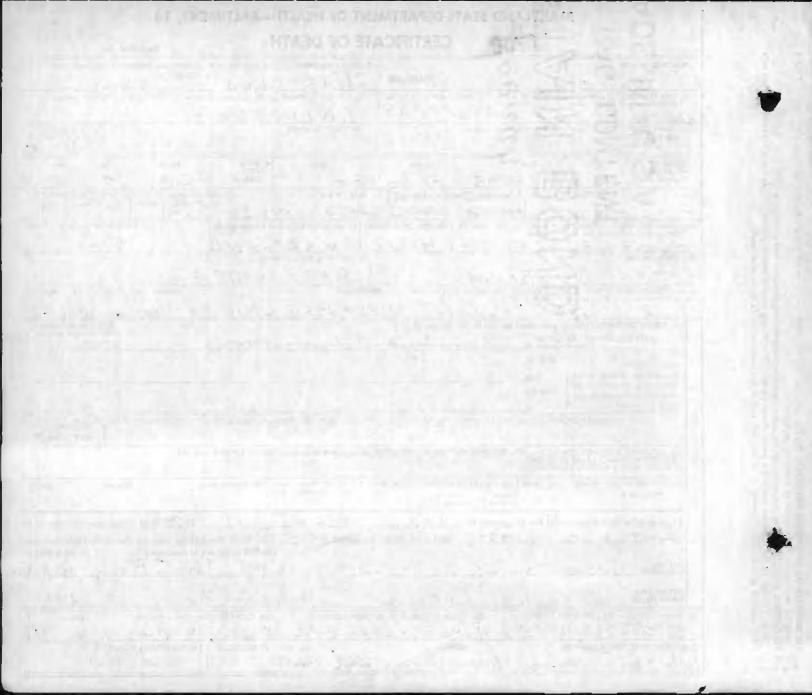
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT	OF F	HEALTH-BALTIMORE,	18
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1700 CERTIFICATE OF DEATH

PLACE OF DEATH	MARYLAND 2. U	STATE	d lived. If institution: Residence	e before admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENK		CITY OR TOWN (If outside corpo	O A R	-ROLL
RURAL and give nearest lawn)	NEEKS	UNIONTA	in a l	110010111111111111111111111111111111111
d. NAME OF HOSPITAL (If not in hospital, give street address)		STREET ADDRESS	WN	e. IS RESIDENCE
RURAL				ON A FARM? YES NO
NAME OF First	Middle	Lost 4. DATE OF	Month	Day Year
(Type or print) LYDIA MAUDE	ALBAUG	H DEATH	FEB.	19 1959
SEX 6. COLOR OR RACE 7. MARRIED 1		E OF BIRTH	1 1 1 1 1 1 1	1 YEAR IF UNDER 24 HRS. Days Hours Min.
EMALE WHITE WIDOWED BY	DIVORCED SE	PT23-1883	7.5 yrs.	
to. USUAL OCCUPATION (Give kind of work done 10b. KIND Of during most of working life, even if retired)	BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreign of	ountry) 12. CITI	ZEN OF WHAT COUNTRY
HOUSE KEEPER A	THOME	MARYLAN	10	0.5.
L FATHER'S NAME	14.	MOTHER'S MAIDEN NAME		
EZRA NUSBAUM		MARY KIL	DER	
(et. no. or unknown) (If yes, give wor or defet of service)	SECURITY NO. 17. INFORA	MANT /	Address Ku	RAL, MI
NO NO NO	NE MRS	KUSSELL HO	OVER UNIO	N BRIDGE
1B. CAUSE OF DEATH [Enter only one couse per line for (a)	. (b), and (c).]		/	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	ralized a	teur sclera	eis	GINSEI AND DEATH
Maa.a DUE TO	9			0
Conditions, if any, which } (b)				
gave rise to immediate DUE TO			1	
lying couse last.				
	JTING TO DEATH BUT NOT I	ELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART	I(o) 19. WAS AUTOPSY
				PERFORMED?
PART IT. OTHER SIGNIFICANT CONDITIONS CONTRIBI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IT ETHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCURRED. (Ent	er nature of injury in Part I or Pa	t II of item 18.)	1 2 70
20c. TIME OF INJURY Month, Day, Year 20d. INJURY O While No of work of	CCURRED 20- PLACE O	E INTURY (Mana farm 1904 reta		
Hour o. m. While No	while factory, s	F INJURY (Home, farm, 20f. (Cit treet, affice bldg., etc.)	y ar town) (C	ounty) (State)
p. m. 19 of work of	work 🔲			
21. I certify that I attended the deceased from	navers	1958, to Fol-1	7, 19,59_,that 1	ast saw the decease
alive on Fab 15 1959	, and that death occu	irred at 7,50 M, frai		
0			treet, city or town, state)	DATE SIGNE
SIGNATURE JOSEPH (ancelo	M.D./	18 South Ma	in Linean Ba	zida. Md Fel
NAME (Type) SERA H.	ARICOFE	DNIAN	BRIDE	EMA
	AME OF CEMETERY OR CREA	AATORY 22d. LOCA	TION (City, town, or county)	(Stale)
BENOVE 9912 2/21/5-9 P1	DE CREEK	CEM. CAD	PALL COU	NTV MI
EUNERAL DIRECTOR'S SIGNATURE	DRESS)	240. REC'D BY REGIS	TRAR 24b. REGISTRAR'S SIG	NATURE.
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VG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	spital ar attending physician.	. 2	I far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shaula of the	
-	0	mile.	L.	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1701

CERTIFICATE OF DEATH

01704 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Carroll				MARYL		2. USUAL RESIDENCE (Who o. STATE Maryland		b. COUNT	Saltin	nore	Cit	y
b. CITY OR TOWN RURAL and give	(If outside corporate timi nearest town)	its, write	c. LENGT	TH OF STAY IN	ИТЬ	c. CITY OR TOWN (If o	utside corp	arate limits, write	RURAL and	give ne	grest tow	n) _
Sykesvi	lle		6mo	. 6 da	аув	Baltimore			3 V 0	11-	12	
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, g	give street	address)			d. STREET ADDRESS					e. IS RES	SIDENCE FARM?
Springi	ield State	Hosp:	ital	areas and a second		St. James		1				NO []
3. NAME OF DECEASED	Fig			Middle		Lost	4. DATE		inth	Do	•	Year
(Type or print)	Estel			Durhar		Armstrong	DEATH	reur		19		1959
5. SEX	6. COLOR OR RACE	7. MARI	RIED NE	EVER MARRIED		B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months			ER 24 HRS.
Female	white	WIDOW	ED 🔀	DIVORCED		September 2	9. 19	80 78 m		Days	Hours	Min.
100. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF	BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State	or foreign	country)	12. C	TIZEN C	F WHAT	COUNTRY
Housew		_				Maryland				U2	578.	
13. FATHER'S NAME						14. MOTHER'S MAIDEN N	AME					
(- 3 - m)bs	- Decelor					Elizabet	h Rei	chetine				
	is Durham FER IN U. S. ARMED FOR	CES7 16.	SOCIAL SE	CURITY NO	17. 1	NFORMANT	11 1161		dress			
[Yes, no, or unknown]	(If yes, give war or dates of s	errice) 7		2901D								
no		7.7				oringfield Ho	spita	1 Record	5		***************************************	
PART 1. DI	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE to		ne for (o), i	(b), and (c).]	مدد	salar	d	seaso		INT ON:	ERVAL BI	DEATH
Conditions, if	ony, which) (b)									per	مىم
couse (a), stating	the under-											
lying couse last	·) (c)(
20%. ACONTRIBUTION (IF EITHER, NOTIF	soc. with ce	rebr	al ar	terios	eler Cler	NOT RELATED TO THE TERMI	sycho	tic reac	talon.	RT 1(0)	PERFO	
	AS UNDERLYING TO CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOV	Y INJURY OCC	CURRED), (Enter noture of injury in P	Part 1 or Pa	rt It of item 18.}				
20c. TIME OF INJU	10	While	NJURY OCC	while_	PLA Foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (Cit	y or town)		(County)		(State)
21. I certify	that I attended the	deceas	ed from,	8/13		19 58 to 1	2/19	19	59thot I	lost so	ow the	decease
olive an 2/	19	, 12 5	59	and that d	leath	accurred of	M fro					
	. 4 67 - 1 - 1 - 1 - 1 - 1 - 1	,						Street, city or town		iiie da		ATE SIGNE
ACTUAL SIGNATURE	your H	0	als	me	<u>ر</u>	M.D. Springfie					*	
PHYSICIAN'S NAME (Type)	VES.H	Bo	ENI	NEC	HJ	> Sykesvil	le, M	aryland	2/19	2/59		
BEMOYAL (Specif		5-9		RAINE	ERY OF	CREMATORY CEM.	17	ALTO	or county)		MI	(e)
23. FUNERAL DIRECTO	R'S SIGNATURE	MI	ADO	SESS E	20	240. REC'T	B 2 REGIS	JRAR 246. REG	ISTRAR'S S			
7	##	1/1										

HTARGEO STADESTRAD and the second The second of the Total and the second of the and confident of the Atlanta the state of the second Centres and Mathematical elude to the contract A second second

hours after death.

executed

1. PLACE OF DEATH a. COUNTY Carroll b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn) Sykesville

MARYLAND C. LENGTH OF STAY IN 16

lmo. llidays

2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY Marvland c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)

Balto.City

Reg. Dist. No.

Baltimore d. STREET ADDRESS

. IS RESIDENCE ON A FARM?

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1559 Waverly Way, Zone 12 Springfield State Hospital YES NO TE NAME OF Middle 4. DATE Yeor DECEASED OF DEATH Belsinger Simoson 19 59 (Type or print) Harry February 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED B. DATE OF BIRTH Manths Doys Hours Male White June 17. 1884 WIDOWED [DIVORCED | 100. USUAL OCCUPATION (Give kind all work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? Furniture salesman Georgia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Belsinger Rachel Simon IS. WAS DECEASED EVER IN U. S. ARMED FORCES 2. 16. SOCIAL SECURITY NO. Address Springfield Hospital Records to 2-09-183 IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN Days PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Bronchopneumonia

DUE TO Canditions, il any, which gave rise ta immediate DUE TO cause (a), stating the underlying cause last.

C.B.S. assoc. With cerebral arterioscierosis with psychotic reaction. 19. WAS AUTOPSY

YES NO NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 at Part II at item 18.)

20c. TIME OF INJURY Day, Year Hour 0. m.

20d. INJURY OCCURRED Not while al wark all work 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lown) loctory, street, affice bldg., etc.

(County) (Stote)

21. I certify that I attended the deceased from December 22, 19 58 to February 6, 159 "that I last saw the deceased , and that death accurred at 6:02A M, from the causes and on the date stated above. ADDRESS (Street, city or lawn, stole) DATE SIGNED Springfield State Hospital

ACTUAL (PHYSICIAN'S NAME (Type)

Agustin del Campo, M.D.

Sykesville, Maryland.

REMOVAL (Specify) Feb

estern

Raltimore Md 240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Chiting S. Traus

22d. LOCATION (City, tawn, or county)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 22b. DATE THEREOF

SONS.INC. Baltimore Md.

22c. NAME OF CEMETERY OR CREMATORY

Cemetery

9 VS A15 [4] 15M 9/55

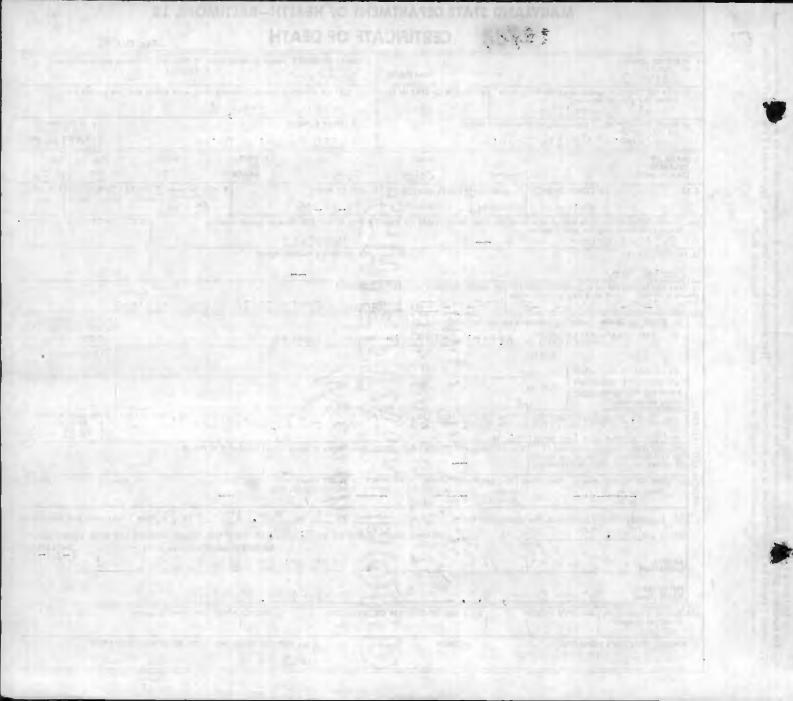
FUNERAL DIRECTOR 3 should be

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1703 CERTIFICATE OF DEATH

	37-	40.					•		Reg. D	list. No.		
. PLACE OF DEATH b. COUNTY Carroll		•	MARY	(LAND	2. USUAL RESID o. STATE Maryla		ere decease	d lived. If institut b. COUNTY		nce befor	re admiss	ion)
b. CITY OR TOWN (I	f autside carporate limits,	write	c. LENGTH OF STAY	IN 1b			utside carpa	rate limits, write f	URAL and	give nea	rest town)
	ykesville		13 mont	hs	Balt	imore	City	. 6	3 V	01	- 1	
OR INSTITUTION	AL (If not in haspital, giv				d. STREET AL							FARM?
	eld State Ho				<u>h130</u>	rark	side	Drive			152	ио 🛚
NAME OF DECEASED (Type or print)	First		Middle		Danes		4. DATE OF DEATH	Mai		Da	*	Year
SEX		enry	John		Berg		DEATH		TIE LINIDE	plu.	-	R 24 HRS.
	6. COLOR OR RACE				B. DATE OF BIRTH			9. AGE (In years last birthday)	Months		Haves	Min.
Male	1 1111100	VIDOWE	1-21	4444	11-22-			62 yrs.				
during most of work Cabinet 1	ON (Give kind of work do ting life, even if retired)	ine 10b.	KIND OF BUSINESS O)R INDUS	Marv		ar fareign c	auntry)	12. C	ITIZEN O	F WHAT	COUNTRY
FATHER'S NAME	warel.				14. MOTHER'S		IAME		1			
					1	TO THE PERSON OF	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Lewis Ber												
	R IN U. S. ARMED FORCE IT yes, give war or doing of serv 8 to 4–24–20	rice[social security no 15–03–8736		IFORMANT	~~i ~ ~	PIATA		ress	-7		
					acords 5	ourus	TTETO	State Ho	DEDIT			714/5541
	TH [Enter only one cous TH WAS CAUSED BY:									ONS	ET AND	DEATH
The state of the s	IMMEDIATE CAUSE (0)_	Art	eriosclero	tic	Heart Di	sease				-	re t	han
420.0	DUE TO									10	yea	rs.
Canditions, if a												
gave rise to it												
lying couse lost.	(c)_											
Chronic	ER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO DE	ATH BUT	not related to	THE TERMI	NAL DISEAS TOPIOS	E CONDITION GI	VEN IN PA	RT 1(a) 1		
Chronic With psyder 20d. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY)	chotic react		RIBE HOW INJURY O	CCURREC). (Enter nature of	injury in (Part Lar Par	t II of item 18.)			YES []	NO-
OR CONTRIBUTING	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)				. (=							
		B0.4 IN	JURY OCCURRED	20- 814	CE OF INJURY IN		1006 (50)					47
20c. TIME OF INJUR Hour g. m. p. m.	Y Manth, Day, Year	White of work	Not while		lary, street, affice			or tawn)		(County)		(State)
				- 10	19.58	. 17	-la 7 t	2 50				
	at I attended the a	deceose					eb. 19					
alive on Feb	2 47	, 12	and that	death	accurred at			n the causes		the da	te state	ed abav
	WAITE		4111/21				ADDRESS (S	treet, city or town,	state)		204	TESIGN
ACTUAL SIGNATURE	Vaccy		0000/11	1	M.D. Sprin	ngfie	ld Sta	ate Hosp	tal			
			1.0									
PHYSICIAN'S NAME (Type)	Walter Know	on. I	M.D.		Sykes	rill.	e. Man	ryland				
a BURIAL CREMATIO			22c. NAME OF CEM	ETERY OF		7		TION (City, town,	or cample		(State	
REMOYAL (Specify)	Feb 23/5	50	Western					imore	_ coomy		(Sidil	4
D UTIAL I. FUNERAL DIRECTOR'))	ADDRESS	I Oell		04. 0554			CTDADIC -	Chiarin)F	
III] rich	Funeral Hom	e 42	10 Belair	Road			D BY REGIST		STRAR'S S		(L	
Carried and Carr						OFFIE	2 5 33	Carth	un 8 9	Lancall		



VS A15 (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1704 CERTIFICATE OF DEATH

Reg. Dist. No.

A J U Y			KAS	J. 1931, 140.
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (WA	nere deceased lived. If institutions Reamd b. COUNTY C	sidence before admission) 1ty
RURAL and give nearest fown)	LENGTH OF STAY IN 16	Baltimore	outside corporate limits, write RURAL Md 3Va	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street and OR INSTITUTION Springfield State Hospital	•	d. STREET ADDRESS -Springfield	State Hospital	IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Christian	Middle F.	Berry	4. DATE Month OF DEATH 2	23 195 9
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED		6-13-89	9. AGE (In years lif UI lost birthday) 69 yrs.	NDER 1 YEAR IF UNDER 24 HRS. oths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apprentice printer	IND OF BUSINESS OR INDU		or foreign country) 12 d - Baltimore	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
August Perry			REMEDY Volz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC		S.S.Hospital	Re cords	
1/200	for (o), (b), and (c).]	heart diseas	e.	INTERVAL BETWEEN ONSET AND DEATH YEARS.
7	eralized arte	riosclerosis.		years.
PART II. OTHER SIGNIFICANT CONDITIONS CO Epileptic psychosis • B 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part Lor Part It of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJ Hour o. m. While p. m. 19 of work	Not while of work	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased alive on 2-22 - 1959 ACTUAL REPORT OF THE PHYSICIAN'S NAME (Type) Agustin Del Campo	Campo	M.D. Springf	Febr. 22, 1959, the AM, from the causes and capperss (Street, city or fown, store) ield State Hospitale, Maryland.	on the date stated above. DATE SIGNED
220. BURIAL CREMATION. 22b. DATE THEREOF REMOVAL (Specify) Burial 2/25/59	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or cou Baltimore, Mar	**
23. FUNERAL DIRECTOR'S SIGNATURE WM.), (CONCENTS)	ADDRESS	DATE TE	D BY REGISTRAR 246. REGISTRAR	

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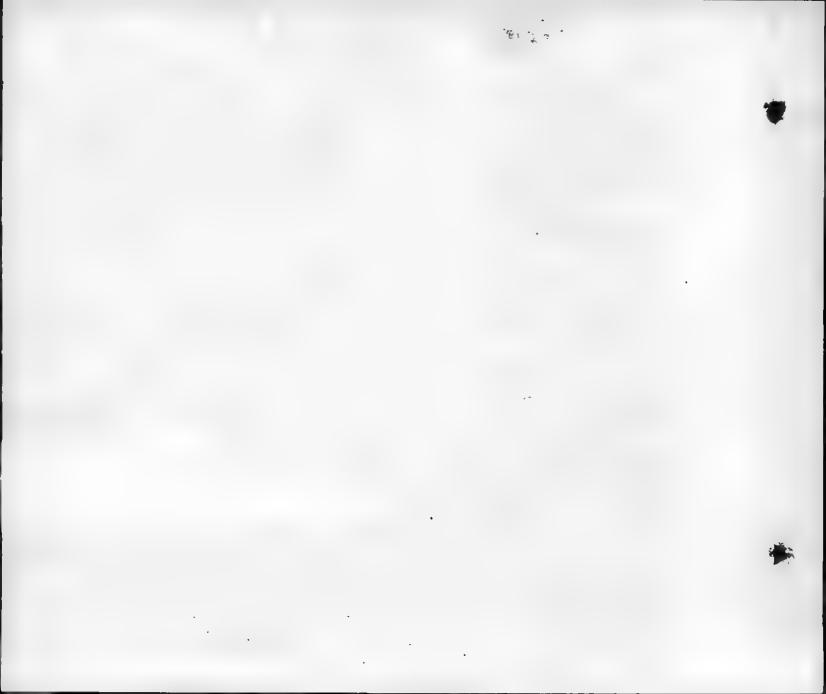
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01708

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)
o. COUNTY Catroll MARYLAN	NO O. STATE MA 6. COUNTY (Varkell
b. CITY OR TOWN (If autside carporale fimits, write RURAL and give nearest town)	1b c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	131 Parties Rox. e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF DECEASED (Type or print) WAYYEN W. BL)	Lost 4. DATE Manth Day Year OF DEATH FLAT 1959
5. SEX Male Color OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	1 Rec. 11, 1923 last birthday) Months Days Hours Min.
CILILIAN CONTROL OF THE CONTROL	low md 4.5.A.
13 FATHER'S NAME P. Bliggard	Milkeld Thipsley
15. WAS DECEASED EVER IN U S. ARMED FORCES? 16. SOCIM SECURITY NO	Whillow Bliggard anglessille, Fich
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) 774 Car	diles, Coronary This motores Pure, 195
Conditions, if any, which pove rise to immediate (b)	
cause (a), stating the <u>under.</u> lying cause last. Column	1721 59
CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of item 18)
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20d Have 6. m. 19 While Nat while of wark at wark	e. PLACE OF INJURY (Hame, form, 20f. (City ar town) (County) (State) factory, street, affice bldg , etc.)
21. I certify that I attended the deceased from Hart 1 alive an 1907, and that de	eath accurred at \(\begin{align*} \begin{align*} \frac{195}{195} \end{align*}, to \(\begin{align*} \frac{195}{195} \end{align*}, that I last saw the deceased eath accurred at \(\begin{align*} \begin{align*} \begin{align*} \begin{align*} \frac{195}{195} \end{align*}, that I last saw the deceased eath accurred at \(\begin{align*} \b
ACTUAL SIGNATURE FIRM THAT & Harl	ADDRESS (Street, city or lown, stote) DATE SIGNED M.D. Agrenite Mah 17 7459
PHYSICIAN'S HOWAYDE, HOLK	. SYKESVIZLE MP.
220 BURIAL, CREMATION, 226 DATE THEREOF READVAL (Specific 2-20-59 Agring)	field Ofermoville, mil.
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS STATES	valle MA PATE 240 REC'D BY REGISTRAR'S SIGNATURE "

VS A15 (4) 15M 10/57



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by IVII hospital at attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the fill director, page 3 shauld be attended for use as the buriof-transit permit. Then please remayeration papers. Pages 1 and 2 shifted with the registrar prior to buriof, cremation, at remayal, and in any event within 72 haurs ofter death.

VS A15 (4) 15M 9/55

		U.D	CERTII		LOID		•		Reg. Di	st. No.		
1. PLACE OF DEATH			MARYLA		a. STATE	NCE (Wh	_	d lived. If institution b. COUNTY	Carr	_	re admis	tion}
	arroll foutside corporate limi	its sweete	c. LENGTH OF STAY IN	15				cote limits, write R			armed from	in l
RURAL and give no	orest lown)	,						tole limits, with k	DIANE GING	fline nec	JIMST TOW	11.5
Taneyt			Lifetime	j.		ineyt	own					
OR INSTITUTION	AL (II not in hospitol, s	live street	oddress)	1	d. STREET ADI	DKE22					ON A	SIDENCE A FARM? NO M
3. NAME OF DECEASED	Fir	rst	Middle		tosi		4. DATE	Mon	th	Da	y	Year
(Type or print)	Lul	u	B		Brower		DEATH	Febr	ruary	2,	,	1959
5. SEX	6. COLOR OR RACE	7 MARE	RIED NEVER MARRIED	8 D	ATE OF BIRTH			9. AGE (In years			IF UND	ER 24 HRS.
Female	White	WIDOWI	ED DIVORCED	0 Oc	tober 8	3. 18	85	lost birthdoy) 73 yrs.	Months	Days	Hours	Min,
100. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR					ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
Housewo	ing lile, even if retired احداد		n home		Marv]	land			11	S.A		
13. FATHER'S NAME	2 45	101	111 1101110	1.	MOTHER'S M		IAME			40 41		
Wonner	Brower				Tard4	e Se	ylor					
15 WAS DECEASED EVE		CES2 116	SOCIAL SECURITY NO.	17. INFO		Let Do	3101	Add	att			
(Yes, no or unknown)	(If yes, give wor or dates of s				_		m m			3		
no l			none	MIT.	Paul	STOWE	r, ra	neytown,	Mary			
		ouse per li	ne for (o), (b), and (c).]		1						ERYAL BI SET AND	DEATH
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	CORDNAI	RV	OLLI	LUSI	IDN			2	for	-1-
420.1	DUE TO)	0	7								
Conditions, if o			PRTERICSC	LER	0.71C. C	ARI	DIO VA	SCULLA	9 016.	SASIE	,	7/50
gave rise to i												7
lying couse lost.) (0	1										
PART II. OTH	IER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEATH	H BUT NO	RELATED TO T	HETERMI	NAL DISEAS	E CONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS PERFO YES	DRMED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER;	206. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of i	njury in P	ort t or Par	t (I of item 18)				
20c. TIME OF INJUR	Y Month, Doy, Ye			e PLACE	OF INJURY (He	me, form,	20f. (City	or town)	(County)		(Stote)
20c. TIME OF INJUR	19	While of wor	Not while	rociory	, street, office b	olog., etc.	1					
	at I attended the	deceas	ed from July		, 1957,	1110	ah. j					
alive on	7.126.1	, 19%	J, and that d	eath ac	curred at			n the causes a		he da	le stat	ed abave
		L	1/2 1			Å	ADDRESS (S	treet, city or town,	stote)		D	ATE SIGNED
SIGNATURE	tilly 1	, /	March K	M D.				the my, with soft yet up to app you you so may yet so yo		Z	<u>, – Z</u>	59
PHYSICIAN'S NAME (Type)	TAMES	7	MARS	H	W.	reli	illes	在广	and the second of the second		m	2
220 BURIAL, CREMATIO		OF '	22c. NAME OF CEMETE	RY OR CR	EMATORY		22d LOCA	NON (City, town, o	or county)		of2)	te)
REMOVAL (Specify) Burial	Feb.4.19	59	Lutheran	Cemet	tery		Tane	ytown, M	aryla	ind		
23 FUNERAL DIRECTOR	S SIGNATURE		ADORESS				BY REGIST	RAR 246. REG !	TRAR'S SI	GNATU		
meering	- Green	To	errtown Mar	w land	9 6	DATE F	EB 4	'59 C	Thurt .	S. The	ued	

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VS A15 (4) 15M 10/57



MARYLAND

c. LENGTH OF STAY IN 16

8mos.15days

Belle

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWEDJC

Middle

DIVORCED [7]

Johnson

100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country)

e. IS RESIDENCE ON A FARM?

YES NO PE

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1059

(Stole)

Reg. Dist. No.

Frede rick

Day

IFUNDER I YEAR IF UNDER 24 HES.

Hours

12. CITIZEN OF WHAT COUNTRY?

Days

U.S.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)

Maryland

539 N. Market St.

19,1879

4. DATE

OF DEATH

Frederick

& STREET ADDRESS

Virginia

Burriss

8. DATE OF BIRTH

August

6 COUNTY

Manth

February

9. AGE (In years lost birthday)

13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Smith Johnson Unimown WC 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Springfield Hospital Records No 18. CAUSE OF DEATH [Enler only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Arteriosclerotic heart disease Years IMMEDIATE CAUSE (a) 420.0 **DUE TO** Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

P.S. assoc. with circ. dist., with cerebral arteriosclerosis, with Performed? YES NO TO nsychotic reaction. 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Hame, form, 120f (City or town) 20d INJURY OCCURRED (County) factory, street, affice bldg., etc.) Hour 6. m White Not while of work ta February 2, 1959 that I last saw the deceased 21. I certify that I attended the deceased from May 17, glive on February 2. ___, and that death accurred at 9320A M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED Springfield State Hospital PHYSICIAN'S Sykesville. Maryland Edmund Lusthaus. M.D. NAME (Type) FUNER 22b. DATE THEREOF 220 BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) £ 2850 M 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE Cathair & Ture 14 DATE FEB

after death?

I, PLACE OF DEATH

Carroll

during most of working life, even if retired)

RURAL and give neorest town)
Sykesville

b. CITY OR TOWN (If autside corporate limits, write

d NAME OF HOSPITAL (If not in haspitol, give street oddress)
OR INSTRUCTION
Springfield State Hospital

Annie

White

o. COUNTY

NAME OF DECEASED

5 SEX

(Type or print)

Female

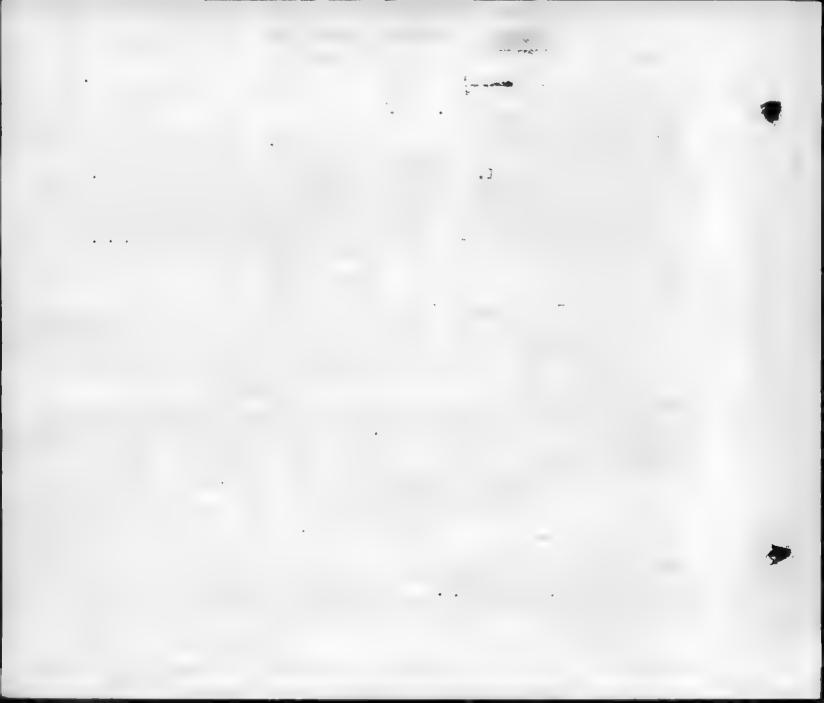
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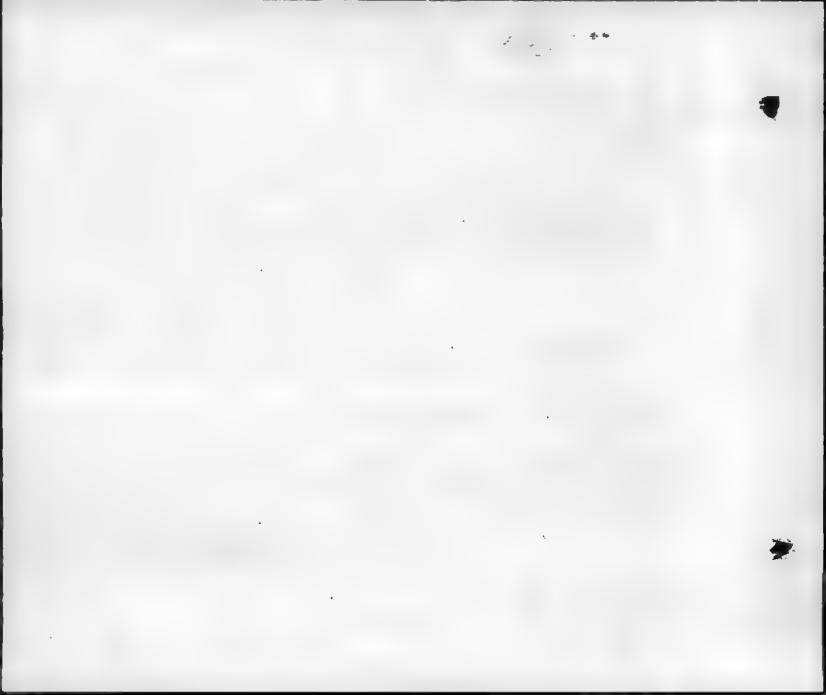
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	1704	CERTIFIC	ATE OF DEATH		MOKE, I		
CERTIFICATE OF DEATH Reg. Ditt. No. 1712. 1. PLACE OF DEATH - C. COUNTY - CAPTOLI - C. COUNTY - Balto. City - C. County - C. COUNTY - County							
b CITY OR TOWN (II RURAL and give no	outside carparate limits, write arest fawn)		c. CITY OR TOWN (IF o	utside corporate	limits, write RU		
OR INSTITUTION				.Charles	s Street	t	
(Type or print)	Mary	L. (Miller	BYRNES	OF			
Female	White woo	WED DIVORCED	March 20, 18	91	57 yrs.		
Lousewife	N (Give kind of work done 10 ing life, even if retired)	b KIND OF BUSINESS OR INI	Maryland		ry)		
Joseph Mj			Mary Dale	_			
(Yes no or unknown)				spital H		iis.	
PART I. DEAT	H WAS CAUSED BY:		c heart diseas	е		ON	ISET AND DEAT
gove rise to in cause (a), stating t	he under-	eneralized art	eriosclerosis			7	lears
	er significant condition renic reaction	, paranoid typ	e.			N IN PART I(o)	PERFORMED
	MEDICAL EXAMINER)						
	19 Whi	le Not while ork ot work	foctory, street, office bldg , etc.	}			•
alive on <u>Rebi</u>	of I offended the decementary 26, 19	59, and that dea	th accurred at 9:25A	_M, fram th	ne causes an , city or town, st	nd an the do	aw the dece ate stated ab DATE SII 2/26/
PHYSICIAN'S NAME (Type)	Yves H. Boenn	ec, M.D.	Sykesvill	e, Mary	land		
REMOVAL (Specify)	7/28/59	Coekede	al Cemes	lef &	Bull	Lina	10 M
Garlia	Typel,	190/6,50	UL (LU PATFER	2 7 '59	- Cook	4 8 Hray	



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death.

Pages

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TO FUNERAL



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

713 CERTIFICATE OF DEATH

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	Keg, Dist, 140.
1. PLACE OF DEATH o. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institutioni Residence before admission) o. STATE O. STATE O. M. COUNTY O. M. M. J. F. M. J
b. CITY OR TOWN (f outside corporate limits, write RURAt and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) OUT TON DECEASED (Type or print)	COOK 4. DATE Month Day Year OF DEATH FEB. 3 1959
II. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED MALE MALTE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Haurs Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR IND during most of working life, even if retired)	178700 17870 00
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 [If yes, no. or unknown] If yes, give wor or dotes of service)	informant Address Miller Miller Willer
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Lewerthoge Interval Between ONSET AND DEATH
Conditions, if any, which) (b) Q, S C. V.	disease years)
gove rise to immediate couse (a), stating the under-lying couse lost	
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e 1 While Not while at work of twork	PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Februalive on July 2 , 19 , and that dear	2-, 19 59 to 3. 19 57 that I last saw the deceased th occurred at 1 7 M, from the causes and on the date stated above
SIGNATURE JAMES J. March	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)
PHYSICIAN'S JAMES T MARSH	lotatuineter mr
226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY BEMOVAL (Specify). FLAT, 6,59 STORE (12)	OR CREMATORY, 22d LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	240. REGISTRAR 246. REGISTRAR'S SIGNATURE DATE B 6 '59 Orthog & Known

filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECT:
After this certificate has been signed by the attending physician and campletely filled in by the fun page 3 shauld be decabled for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauther registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



VS A15 (4) 15M 9/55

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	1. PLACE OF DEATH COUNTY Carroll			MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before edmission) o STATE Maryland b. COUNTY Washington							
	b. CITY OR TOWN (I	f outside corporate limits	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)										
	(Rural) Sv	kesville, M	d. 1	1Mo. 7day	S.	Hag	erstov	vn		, ,	4	,	
		NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS.									. IS RESIDENCE		
	Springfie	eld State He	ospita	1		309	Frid	inger	Avenue			DN A FARM? ES NO D	
	3. NAME OF												
	(Type or print)		liam	Edward	Cridle	I*	DEATH	2		3	19 59		
	5 SEX											UNDER 24 HRS.	
	Male	White	WIDOWED [DIVORCED		2-15-?			86-2 yrs.	Months	Days H	ours Min.	
	10a. USUAL OCCUPATIO	ON (Give kind of work doing life, even if retired)	one 10b. KIN	D OF BUSINESS OR	INDUS	TRY 11. BIRTHPI	LACE (State o	or fareign co	ountry)	12 CIT	ZEN OF V	HAT COUNTRY?	
\	Horse Tra			Unk		Mar	yland			U.	S.A		
1	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Ĵ	John Cric	dler				Elli	e East	tner					
	15. WAS DECEASED EVER	R IN U. S. ARMED FORC		TAL SECURITY NO.	17. IB	FORMANT			Add	ress			
		1917-1918		-30-7859	R	ecords S	pring:	field	State Ho	spita	1		
	18. CAUSE OF DEA	TH [Enter only one cou	se per line fo	or (o), (b), and (c)]								AL BETWEEN	
	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (oL.	Bron	chomeumo	nia							Days	
	40000												
	Conditions, if ony, which } (b) Arteriosclerotic heart disease										Years		
	gave rise to in couse (a), stating (
ĺ	lying cause lost.	(c).										- ;	
	Chronic Or cutring Or Contributing Or Contributing Or Contributing Or Contributing	ier significant cond brain syndr	IT ONS CON	TRIBLTING TO DEAT	H BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIVE	GIVEN IN PART I(a) 17. WAS ALTOPSY			
	or mutr	ition, with	senil	e brain d	isea	ase. Wit	h nsv	chotic	reactio	n.	Į YE	S 💢 NO 🗌	
	20a, ACCIDENT WA	LE CAUSE OF DEATH I	NO DESCRIB	E HOW INJURY OC	CURRED	Enter nature o	of injury in Po	ort I ar Part	11 of item 18)	Diabe	tes.		
		MEDICAL EXAMINER)											
	20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Day, Year	While	Not while	20e. PLA fac	CE OF INJURY (lory, street, affice	Home, form, a bldg., etc.)	20f. (City	or lown)	(C	ounty)	(Slote)	
	₩ == p. m.	19	ol work 듣	ot work	-			-					
	21. I certify the	at I offended the o	deceased	from Feb - 2	6	19.58	L, to Feb	33	, 19 <u>59</u>	.,that I l	ast saw	the deceased	
	alive on Fel			, and that a									
		alanto	18	1000.					reet, city or town,		_	DATE SIGNED	
,	SIGNATURE	vacy	100	0 11/1	<u></u>	AD. SP	ringf	ield S	tate Hos	pital	2	-3-1959	
1	PHYSICIAN'S THE	-34. W	31. 75										
		alter Knopp	, M.U.										
	220 BUR AL, CREMATION REMOVAL (Spycify)	N, 226. DATE THEREOF	-0 2	C. NAME OF CEMET	ERY OR	CREMATORY		22d LOCAT	10N (City, tawn,	ecounty)	01 4	(State)	
	23 FUNERAL DIRECTOR'S	2/3/2	1	Wille	600			Callle	spung (arten	16.	my	
	23 FUNEMIL DIRECTOR	SIGNATURE .	20	ADDRESS7	11/2	4.1		BY REGIST	RAR 1245, REGI	STRAR'S SIG	NATURE		
é	CHILINIE O	y magai	(-7)	emissie	ce,	BAL.	DATEER	1 1 '59		1-9 8 9			
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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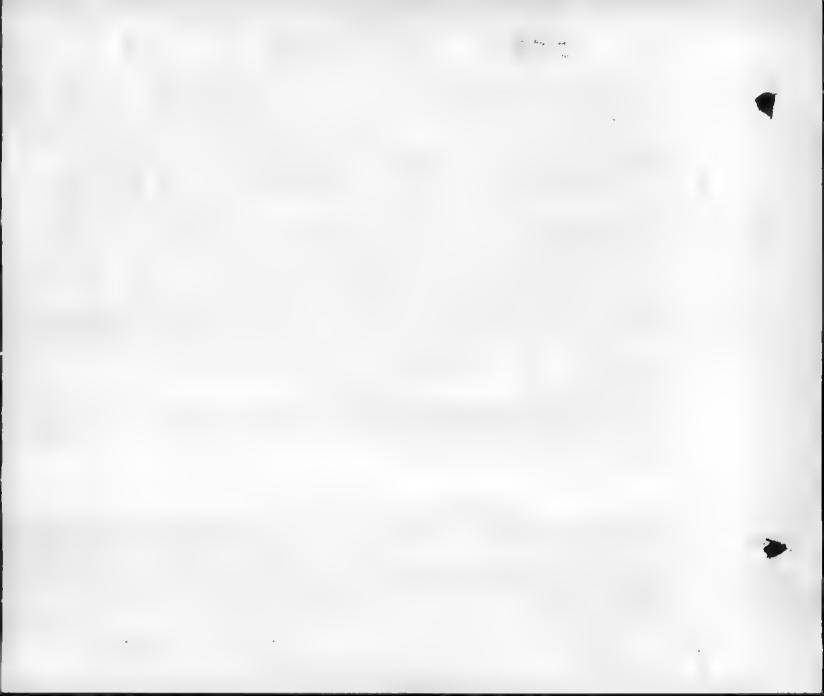
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1 8		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
D		CERTIFICATE OF DEATH Reg. Dist. No.
director director		PLACE OF DEATH O. COUNTY ARROLL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) O. STATE ARROLL MARYLAND O. STATE ARROLL MARYLAND
the fuser deal		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) VEARS INVODD e IS RESIDENCE OR INSTITUTION ON A FARM?
24 haurs ed in by 1 and 2		NAME OF DECEASED (Type or print) TRILATAN JOSEPH DAVHOFF DEATH FEB 27 1959
commetery fill	\$.	SEX 6. COLOR OR RACE 7 MARRIED 8 DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS In the state of
ond bon er de	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
g physicion remove cor 72 hours off	1S. (Ye	VAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Line of uniquent of forces of doles of services 2/4-12-9633/HELIMA J. DAYHOFF KINIMANA MA
the death of he ottending hen please n ent within 72		18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY ONSET AND DEATH
equires that in. signed by it is permit. T		Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. DUE TO DUE TO (b) DUE TO
he low r physicio has been rial-trons maval, an	ICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO FEBRUARY
CLIAN: offending rifficate streeps offending	AL CERTIFI	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 120f (City or town)) (County) (State)
or o	MEDICAL	Haur a. m. 19 While Nat while at work at work at work at work at work.
oy the hosp from Affect described to buriol,		21. I certify that I attended the deceased from 153, 19, to 275, 19, that I lost saw the deceased alive on 2/24/59, 19, and that death accurred at 14 M, from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED
AL OK AL OK AL OK AL OK AL OK AL OK DIRECTOR OF Prior		PHYSICIAN'S M. E. Robertson M.D. Hen Windows M. 2/27/59 PHYSICIAN'S M. E. ROBERTSON NEW WINDOWS MAN. 12/27/59
may be ramay	220	DEURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, laworp's county) PER COLE EK
VS A15 (4) 15M 10/57	厅上	ADDRESS LEW Windson Will DATE MAR 4 159 arching 8. Kinns

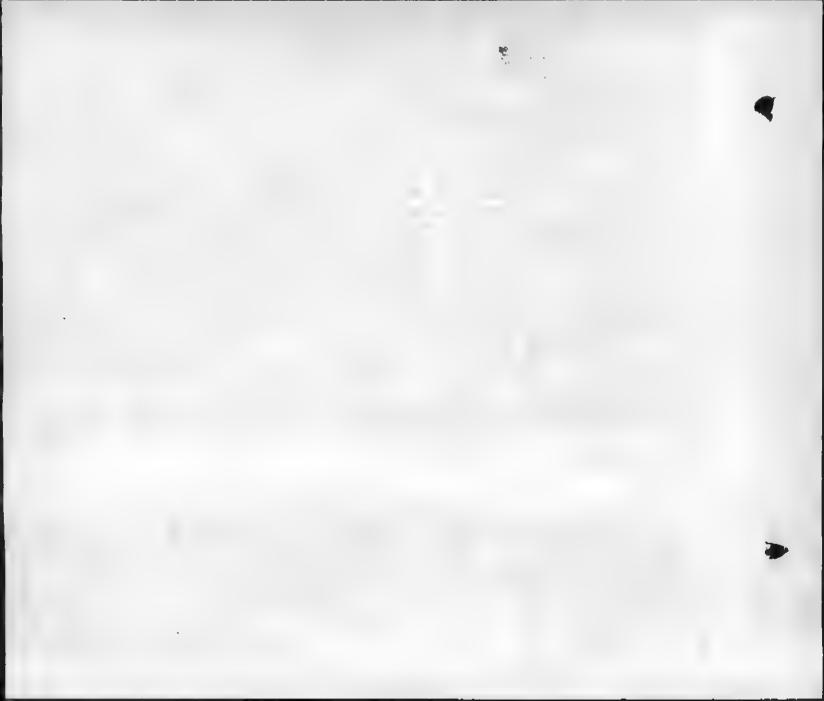


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STATE			ME	DICA	L EXAMIN	VER'S	CERTIFICA	TE OF	DEATH	Reg. Dist. No	JA, W = 17
H DEPT.		PLACE OF DEATH	1717=				2. USUAL RESIDENCE (Where deced	sed lived If institu		
BH \		. COUNTY	Carroll		MAI	RYLAND	a. STATE Marv		b. COUNT		1.
TV3		CITY OR TOWN (E outside corporate I m. s, write.	NURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If autside cor	porote limits, write	RURAL and give n	earest town)
	_		iry		Life		× Mt. A	iry		~	T
00	Ľ	S. NAME OF HOSPI	TAL OR INSTITUTION (IF	not in has	pilal give street addi	ress}	Twin	Arch	Rd.		B. IS RESIDENCE ON A FARM? YES NO L
		NAME OF DECEASED	First		Middle	7.0	Loss	4. DATE OF DEATH	Mant Til = To		Year
	5. 5	(Type or print)	6. COLOR OR RACE	7. 16ABDIG	ED NEVER MARRI		SON DATE OF BURTH	DEATH	Feb.	2,	1959 TE UNDER 24 HRS
		male	colored	WIDOWE	-		8-31-1922	~?	leet birthday) 36 yrs	Manths Days	Hours Min.
-	10 c	USUAL OCCUPATI	ON (Give kind of work d				TY 11 BIRTHPLACE (Stot			12 CITIZEN O	F WHAT COUNTRY
7	1	luring most of work	ng life, even if retired) I		reneral		l'arrl	und		U.	S.
1	13.	FATHER'S NAME					14. MOTHER'S MAIDEN			- 1	*
			Edward Do				Effie	Brown			
		WAS DECEASED E	FR IN U.S. ARMED FOR (If yes, give war or dates of a	ervice)				~	Address	_	
	-	710			14-32-44]		is Irely	n Cro	11,	Sane	
			TH [Enter only one coust TH WAS CAUSED BY:	per line				4		ONSE	HTARD DON TO
		420.1	IMMEDIATE CAUSE (a)		cronar	400	cellisio				···
		Conditions, if	DUE TO		,	J					
		gove rise to imme	diote couse								
		couse lost.	(c)_								
0	Ž	PART II, OT	HER SIGNIFICANT COND	ITIONS CO	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GI	VEN IN PART I(a) 1	9. WAS AUTOPSY PERFORMED?
U	3		Nac III								YES NO
	CERTIF	PRIMARY OF CO CAUSE OF DEATH	NTRIBUTING []	DESCRIBI	E HOW INJURY OCC	JRRED (E	nter nature of injury in Po	et i or Port i	afilen 18)		
	3	20c. TIME OF INJU	IRY Month, Day, Year			20e. PLAC	E OF INJURY (Hame, for	m. 20f. (Cif	y or tawn)	(County)	(State)
	MEDICAL	Havr a.m.	19	While of we	ork at wark	70070	ry, street, office bldg., et	c.)			
		21 I certify t	hat I took charge	of the	remains describ	ed abo	re, held an Autop	sy 🔲, I	nspection 🔀	Inquiry 🔀	and in my
		opinion death	resulted from: N	latural e	causes 🔯 🛚 Acc	cident [], Suicide [],	Homicide	Undete	rmined manne	er []
		ACTUAL V	1 5		1						DATE SIGNED
		SIGNATURE	ices & DY	LAR	v.K		_M.D. CHIEF MEDICAL	_	•	- /	,
-	1	EXAMINER'S	T BE CT	7 M	10004		ASSISTANT MEDICAL DEPUTY MEDICAL		_ 1	2/2	-159
	220		AMES /	114	220 NAME OF CEM	ETERY OR			TION (City, lawn,	or cauely)	(State)
		REMOVAL (Specify		59	Lit. Z			-		a daryl	nu
	23	FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		24a. REC	D BY REGIS		STRAR'S SIGNATUI	WT - 7 - 10 - 10
63	L	C. M. W	hltz, W	infi	eld, Mu.		DATE	FFB 4	'59 (I Thun I th	and
	-		~	A.P.A.							



1	I.	tem 11 Film 2 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
HEALTH DEPT.		
9 6 £	1.	PLACE OF DEATH a COUNTY MAEYLAND 2. USUAL RESIDENCE (Where deceased lived) If institution: Represent commission) o. STATE 1
85 3 X	-	b. CITY OR TOWN (If outside corporate hmile, write RURAL and gape nearest town).
E 20 1		orday green love)
directs or ye	.	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) d. STREET ADDRESS
Bo Fed Fig.		ON A FARM'S
fune fune stain State	3	NAME OF DECEASED DO First Month Doy Year OF
ter de		(Type or print) DARBARA - L DULANEY DEATH /Leb- 27 1939
S S S S S S S S S S S S S S S S S S S	3,	SEX 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 18 DATE OF BIRTH 9. AGE (in years FUNDER 1/4 ARK FUNDER 24 HRS Months Days Hours Min.
hour hour	10	WIDOWED DIVORCED LOCATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY IT PRIHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?
2. c 2. c 2. c and and 7.2		during most of working life, even if retired) burn time Much lected it & A
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	13	I. FATHER'S NAME
Page PAGe Page Page Page Page Page Page Page Pag		Trum Murue Locico 17-16.
ive file		5. WAS DECEASED EVER IN U. S. ARMED FOYCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Address
2 day 5 day 6 day		110 M asker bulancy. Mougherly Mil
Maria Ma Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Ma Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Maria Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma Ma		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		PART I DEATH WAS CAUSED BY: Surfact would by head Sustant.
Miles Miles		9/6× DUE TO
reaction of the reaction of th		Conditions, if ony, which (b) gove rise to immediate cause
Die F		(a), staling the underlying DUE TO couse fast.
ring range and r	. 8	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY
or E	3	YES NO X
d "f	CERTIFIC	20a. EXTERNAL CAUSE WAS PRIMARY CITY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
wor wor suit And Suit	100	Garage Par
	WEDICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f (City or town) (County) (State) Hour orm. While Nor while factory fitnes, office foldgr., etc.)
ting the good	W	
XAN X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry and in my
d de la companya de l		opin an death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined manner .
I RECO		ACTUAL SIGNATURE RECIERS J. Mosel M.D. CHIEF MEDICAL EXAMINER []
AREI DI Billion Billio		ASSISTANT MEDICAL EXAMINER [] 2/27/
desi bid		NAME (Type) - AM EST MARSH DEPUTY MEDICAL EXAMINER S
N S	27	TO BURIAL CREMATION, 226 DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
0 0 0	1	Buriel 3-2-1909 Mullegrelle Wellial Co Mil
VS. A15ME	23	A Land William of The
BM 2/57	-	Call Lygaron 14 beigreead feld pate AR 2 39 ailun & thank

No. and





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a COUNTY a. STATE Ped b. COUNTY MARYLAND ofter death. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If aulside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Ci YES NO P 3. NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH 5. SEX IF UNDER I YEAR IF UNDER 24 HRS Months Days DIVORCED [WIDOWED P 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired! corbon offer 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? INFORMÁN Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if ony, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS PERFORMED? 0 YES TO NO TO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour a m. While Not while at work at work p. m. ... 19.59,that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 3.30/M, from the causes and on the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 270 BURIAL CREMATION. 226 DATE THEREOF 224 NAME OF CEMETERY OR CREMATORY page (Stote) 23 FUNERAL DIRECTOR'S SIGNATURE 24c. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57



CERTIFICATE OF DEATH

1794

01724

	JL 5-4	C.L							Reg. Dist.	No.	
1. PLACE OF DEATH				2.	. USUAL RESIDE	NCE (Whe	are deceased live		n Residence	before admi	ssion)
	arroll		MARYLAI		o. STATE	- Ipr	land	b. COUNTY		o.City	
b. CITY OR TOWN RURAL and give	(If outside corporate limit	s, write	c. LENGTH OF STAY IN				stride corporate		RAL and giv	re nearest for	vn)
Sykesv			lyr.5mos.26	days	916	'N.	Duncan	Street		2V ;	i Life
OR INSTITUTION	PITAL (If not in hospital, g				d STREET ADE		-1			e IS RE	ESIDENCE A FARM?
Spring	field State	Hosp:	ital		Bal	timo	re 24.			YES [No.
3 NAME OF DECEASED (Type or print)	Nicho		J ohn	E11	inghaus		4. DATE OF DEATH	Februar		17	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	BC	DATE OF BIRTH		9. /	GE (In years		YEAR IF UNE	
Male	White	WIDOWE	DIVORCED [J	Tuly 31,	1876	5 8	GE (In years 1981 birthdoy)	Months D	ays Hours	Men
100. USUAL OCCUPATION during most of w	FION (Give kind of work or orking life, even if retired)	ione 10b.	KIND OF BUSINESS OR I	NDUSTRY	Y 11 BIRTHPLAC	E (State o	or foreign countr	γì			AT COUNTRY?
Stemfi	tter				Mar	ylan	d,Balt	imore		U.S.A.	
13 FATHER'S NAME				1	14 MOTHER'S M	AIDEN N	AME				
	as E. Elling					zabet	th Lord				
15 WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFO				Addre			
No	-		400	Sp	ringfie	ld H	ospital	Records	3		
18 CAUSE OF D	EATH [Enter anly one co-	use per lin	ne for (a), (b), and (c)]		_					INTERVAL E	BETWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Ar	teriosclerot	sic h	neart di	seas	e.			Yea:	rs.
420,											
Conditions, if	_										
gove rise to couse (o), stotin											
lying couse tos	t. (c)										
PART II C PULITIONIA C. B.S. 200. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTIL	THER SIGNIFICANT CONF TY TUDE CULC BSSOC WITH	SIS,	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE	HE TERMIN	NAL DISEASE CO	ondition give	N IN PART 3	(o) 19. WAS PERF YES I	AUTOPSY ORMED?
200. ACCIDENT	MAS UNDERLYING I	20b. DESC	CRIBE HOW INJURY OCCU	URRED (Enter noture of t	njury in P	ort I or Port II o	Filem 18.)	2 053 6	1200	7 112 63
OR CONTRIBUTION	IG CAUSE OF DEATH			·							
	URY Month, Doy, Yea	r 20d. IN	NJURY OCCURRED 20	e. PLACE	OF INJURY (Ho	me, farm,	20f (City or I	own)	(Co	unty)	(State)
20c. TIME OF INJ	10	While of work	k of work	foctory	y, street, office b	ldg , etc.					
21. I certify	that I attended the	decease	ed from August	21,	., 19. 57.	ta Fe	bruary	17,19 59	that I la	st saw the	e deceased
	bruary 16,				ccurred at 4	150A	M. fram th	e causes ar	d an the		
	5/		77 10 0000		L	1:50A	DDRESS (Street,	city or town, st	lale)		DATE SIGNED
ACTUAL SIGNATURE	gund.	Lu	Man	M.D	Sprin	gfie	ld Stat	e Hospi	tal	2	/17/59
PHYSICIAN'S NAME (Type)	Edmund Lus	thau	ıs, M.D.		Sykes	vill	e, Mary	land			
20. BURIAL, CREMAT REMOVAL (Speci Burial	10N. 226 DATE THEREO	5	Holy Rede	eme	rematory r Cem.		Balti	More,	Md.	(Sto	ole)
	R'S SIGNATURE	Llam	ADDRESS		2	4o. REC'E	BY REGISTRAR	24b REGIST	RAR'S SIGN	ATURE	-
2601 - 2 - 1	K Funeral	nom	t, inc.			ATE EE	n 1 8 '59	, ,	e 7	der .	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or altending physician.

TO FUNERAL DIRECT R: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be Lached for use as the buriof-transit permit. Then please remove catbon papers. Pages 1 and 2 should be filled with the registrar prior for buriof, cremation, or remayal, and in any event within 72 hour after death. VS A15 (4) 15M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01725

	مائد الله	46	O -1(111					Reg. Dist.	No.	
1 PLACE OF DEATH 0 COUNTY	Carroll		MARYL	AND	2. USUAL RESIDENCE (W		Lived If instituti b. COUNTY	on: Rmidence Baltime	before od	inussion)
Sykesville	autside corporate lími arest town)	ls, write	c. LENGTH OF STAY II		e. CITY OR TOWN (II Baltimor		rote limits, write R	URAL and giv	3V)	town)
d name of hospital or institution Springfiel	AL (If not in hospital, g d State Hos		_		d. STREET ADDRESS 4619 Fra	nkford	Ave.		0	RESIDENCE IN A FARM? S NO E
3. NAME OF DECEASED (Type or print)	Cora		Adda.		Fallon	4. DATE OF DEATH	Mor 2		15°	Year 19 55
Female	6 COLOR OR RACE White	7 MARR	IED NEVER MARRIED DIVORCED		12-10-1568		9. AGE (In years last birthday) 90 yrs			INDER 24 HR
10a. USUAL OCCUPATIO during most of working Saleswoman	N (Give kind of work of ing life, even if relired)	ione 10b	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE (Show	or foreign co	ountry)		S.A.	HAT COUNT
13. FATHER'S NAME	John Fall	12n			14. MOTHER'S MAIDEN	ary El	len Sh	111		
IS WAS DECEASED EVER	RINUS, ARMED FOR		SOCIAL SECURITY NO 2-15-9925	17, IN	Hospital re	cords.	Add	ress		
PART I. DEAT	TH WAS CAUSED BY.	A ₁	o for (a), (b), and (c)]	otic	Heart Disea	150				L BETWEEN
Canditions, if on gove rise to in couse (o), stoling to lying cause lost.	y, which (b)	1	eneralized	arte	riosclerosia	•			year	rs
G.B.S. ASS	ociated wit	h ser	nile brain	dise	ase, with pay	chotic	reaction	ZEN IN PART I	PE	AS AUTOPS
OF TIME OF INJURY Hour o. m. p. m.	MEDICAL EXAMINER)	While	JURY OCCURRED 2 Not white	10e. PLAC focte	CE OF INJURY (Home, formacy, street, office bldg., ele	n, 20f (City	or lown)	(Co	uniy)	(Stat
21. I certify the alive an 2=1	at I attended the	decease 125	2, and that o		. 1958 to 2 accurred atl.30 springfie	ADDRESS (SI	the causes of the test, city or town,	and an the		
PHYSICIAN'S A	gustin del	Camp	0. M.D.		Sykesvill	e,Mary	land.			
226 BURTAL CREMATION REMOVAL (Specify)	N. 22b DAYE THERPO	9	22c. NAME OF CEMET	ERY OF	2 Kaded	22d LOCAT	Dall	county)	22	State
23 FUISERAL DIRECTORS	SIGNATURE	1.	ADDRESS //	1/1	740 REC	D BY REGIST	RAR 246. REGI	STRAR'S SIGN	ATURE	

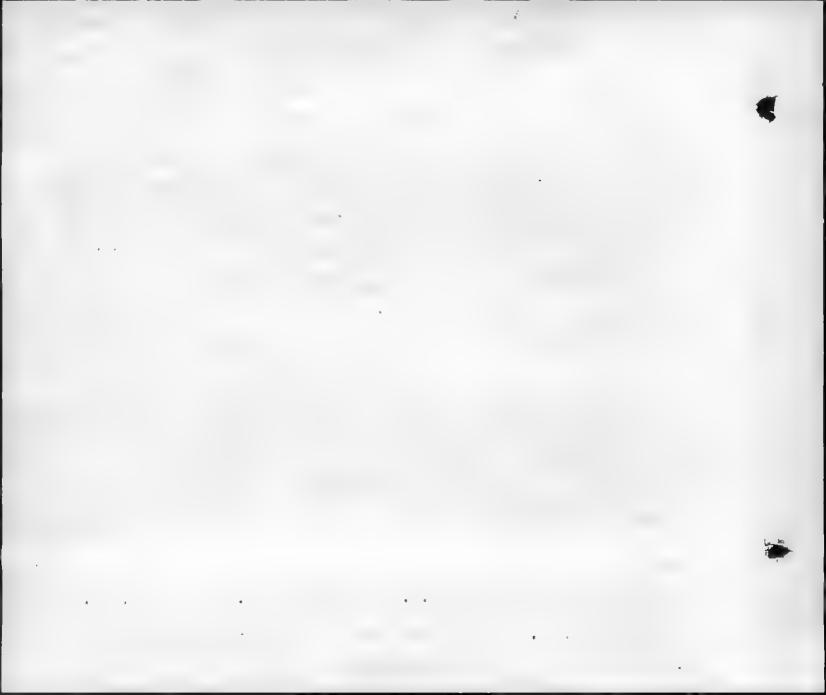


(State)

ofter death.

15M 10/57

.Fuss &



724 CEI

CERTIFICATE OF DEATH

01727

	1.664			<u></u>	Reg. Dist. No.							
	1. PLACE OF DEATH o. COUNTY Carroll	MARYLAND	2 USUAL RESIDENCE (WH	ere deceased lived. If institution is a country	Montgomery							
	b. CITY OR TOWN (If outside corporate limits, write SYRESVIII	c. LENGTH OF STAY IN 16	c. city or town (if o	utside corporate limits, write RU	JRAL and give negrest town)							
138	d. NAME OF HOSPITAL (If not in hospital, give street of Springfield State Hospital	(ddress)	d STREET ADDRESS 13510 Geor	gia Avenue	e. IS RESIDENCE ON A FARM? YES NO PH							
	3. NAME OF DECEASED (Type or print) Luther	Benton	Fete	4. DATE Mont OF 2	th 22 1959							
	5. SEX 6. COLOR OR RACE 7 MARRI		APRIL 4,	1875 9. AGE (In years lost birthday)	Months Days Haurs Min							
	100 USUAL OCCUPATION (Give kind of work done 10b.) during met of working life, even if retired) DITTUEL and Physiother:		Maryland		12. CITIZEN OF WHAT COUNTRY?							
	13 FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME								
	Benton Fete		Unknown									
	(Yes, no or unknown) (If yes, pive war or dates of service)		ospital Recor	Addr ds	231							
1												
/	Conditions, if any, which gave rise to immediate couse (a), stating the under-	riosclerotic c	ardiovascular	disease	years							
)	Iying couse last. (c).	ONTRIBUTING TO DEATH BUT 21 arterioscle	NOT RELATED TO THE TERMINE TO SIS, WITH TO	nal disease condition gives you reaction	EN IN PART 1(o) 19. WAS AUTOPSY PERFORMETTY, YES NO P							
		RIBE HOW INJURY OCCURRED). (Enter nature of injury in f	Part I or Part II of item 18)								
	A Hour o.m. White	Not while fac	ACE OF INJURY (Home, farm lary, street, affice bldg , etc.		(County) (Stote)							
	21. I certify that I attended the decease olive on 21 195	and that death	occurred o8:30 A	22 - , 1959 M. from the causes a ADDRESS (Street, city or town, the causes at the Hospits)	· ·							
7	PHYSICIAN'S Edmudn Lusthau	s M.D.	Sykesville,	Maryland.								
	20. BURIAL, CREMAT.ON, REMOVAL (Specify) BURIAL Feb. 24.1959	22c. NAME OF CEMETERY OF		22d. LOCATION (City, town of Prince George								
	23. FUNERAL DIRECTOR'S SIGNATURE Warner E. Pumphrey, Inc.	ADDRESS	24g REC'I		TRAR'S SIGNATURE							

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death: | | | | may be retained by the haspital or attending physician.

TO FUNERAL DIRECTA: Attenthis certificate has been signed by the attending physician and campletely filled in by the page 3 should be a fached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any eyegt—titlen 72 hours after death.



VS A1S (4)

1SM 10/S7

1		MARYLAND	STATE DEPARTM	ENT OF HEALTH				1728
directo filed with	PLACE OF DEATH 6. COUNTY Garre	011	MARYLAND	2 USUAL RESIDENCE (WHO STATE Marylan		b. COUNTY	Residence before	admission)
	RURAL ond give no Taneyto	own	c. LENGTH OF STAY IN 16 4 months	CITY OR TOWN (IF a	outside corporate	limits, write RU	RAL and give near	est town)
d 2 sho	d. NAME OF HOSPIT OR INSTITUTION At home -	W. Baltimare		/ d. street ADDRESS W. Balt	imore S	treet		IS RESIDENCE ON A FARM? YES NO
filled in	3. NAME OF DECEASED (Type or print)	First William	Middle George	Fogle	4. DATE OF DEATH	Month Febru		Year 1959
completely sopers. Pog	5. sex Male	6. COLOR OR RACE 7 MARR	ED DIVORCED	B. DATE OF BIRTH July 1, 1884		ost birthdoy) 74. yrs.	Months Doys	Hours Min
an papa death.	Farmer	ON (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDU	Frederick	Co., Mai		12. CITIZEN OF	WHAT COUNTRY
sicion o re carb rs after	13. FATHER'S NAME GEORY	ge W. Fogle		Ida S. D		n		
e remo		R IN U. S. ARMED FORCES? 16.		nformant s. Lilliam Fo	gle	Addre		vland
e attendi	PART I. DEA	TH [Enter only one couse per lint TH WAS CAUSED BY: [IMMEDIATE CAUSE (o)]	ne for (o), (b), and (c).]	ascular.		lent		T AND DEATH
ed by th mit. Th any eve	Conditions, if a	n mediols (D)	rebuch 1	arterios	rcleus	orin	2	years
nsit peo	couse (a), stating lying couse lost	the under (c)	Hyperitin	wan			4	450
has bee	PART II. OTH	ier significant conditions of	1	NOT RELATED TO THE TERMI	Ta Disease Co	ONDITION GIVE	,,,,	PERFORMED?

RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2 -200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CERTIF MEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not while of work at work p. m 1952, that I last saw the deceased 21. I certify that I attended the deceased from Wa 2_, and that death occurred at 4:3012M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED PHYSICIAN'S Ambler Thompson, M.D. NAME (Type) 220. BURIAL, CREMAT ON. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Mt. Hope Cemtery Woodsbopp. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE Tanaytown, Maryland



CERTIFICATE OF DEATH

Reg. Dist. No.

1	1	7	2	9	
	ardfley.			. ,	

	1 PLACE OF DEATH 0. COUNTY		2 USUAL RESIDENCE (WI	here deceased lived. If institution		before admisse	an)
	Carroll	MARYLAND	o STATE Maryl	and 6. COUNTY	Washi	ngton	
	PLICAL and give pagest found	8mos.27days		sburg - RFD #2		re nearest lown)	1
	d NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Springfield State Hospita		d STREET ADDRESS None			e. IS RESI ON A YES	FARM?
	3 NAME OF First DECEASED (Type or print) Minnie Magno	Middle Cobb	Gibbs:	4. DATE Mon OF Tebrua			59
	s sex 6. COLOR OR RACE 7. MARRII Female White widower		March 20, 1	878 9. AGE (In years lost birthdoy) 80 yrs.		YEAR IF UNDER	R 24 HRS. Min
1	10a USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired) HOUSEWIFE 13 FATHER'S NAME		North Ca	ar foreign country) rolina		S.A.	COUNTRY
)			14. MOTHER'S MAIDEN N				
	Unknown - last name Cobb 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 S	OCIAL SECURITY NO. 112. III	Martha W	alston Add			
	(Yes, no. or unknown) (If yes, give wor or dates of service)			ospital Record			
	Canditians, If any, which gave rise to immediate couse (a), stating the under-	e for (o), (b), and (c)] rteriosclerati eneralized art				INTERVAL BET ONSET AND Year Year	DEATH 'S
	C.B.S. assoc. With compression Bronchopneumonia.	THE HOW INJURY OCCURRED	with psychot		EN IN PART 1	1 6 6 7	NO 3
		Not white foc	ACE OF INJURY (Home, form tory, street, office bldg., etc.		(Con	uniy)	(Stole)
,	21. I certify that I attended the decease alive on February 6, 19 5 ACTUAL SIGNATURE TO LET COLOR PHYSICIAN'S Agustin delCamp	oo, M.D.	occurred at 9:45A A.D. Springfie Sykesvill	bruary 6, 1959 M, from the couses of ADDRESS (Street, city or town, ld State Hospi e, Maryland	and on the stote) tal	date state	deceased d abave TE SIGNEE 5/59
	220 BURIAL CREMATION, 226 DATE THEREOF burial 2-8-59	22c. NAME OF CEMETERY OF Riverside M		22d LOCATION (City, town, on Norfolk	or county)	(Stole Va.	
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGN		
	Fred W. Kraiss Hagersto	own, Md.	DATE	FEB 9 '59 .	MIT E.	Krous	

DATE

TO FUNERAL DIRECT R
page 3 shauld be 7 (o)
the registrar prior II b VS A15 [4] 15M 9/S5

ferrand director, be filed with

A TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

the haspital or attending physicion.

R. After this certificate has been signed by the attending physicion and campletely filled in by the cache far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shourd, cremotian, as removal, and in any event within 72 haurs after death.



CERTIFICATE OF DEATH

01730

ш										Reg. Dis	. Ne.		
1	PLACE OF DEATH					2 USUAL RESID	DENCE (Who	ne deceased	lived, If institut		e before	odmiss:	on)
ш	o COUNTY Carr	oll		MARY	LAND	o STATE	aryla	nd	b. COUNTY	Cit	V		
	b. CITY OR TOWN (I	If outside corporate limi	ts write	c. LENGTH OF STAY	IN 1b	e. CITY OR T	OWN (If or	itside corpor	ote limits, write I	RURAL and g	ve neare	st fown)
	Sykesvil	le.		2 y 10 m 2	27 d	Balt	imore	13.			1		
	d. NAME OF HOSPIT OR INSTITUTION	IAL (If not in hospitol, g ld State Ho	ive street	oddress)		d STREET A		0			1		EARM?
					1	2413 E							NO K
3.	NAME OF DECEASED	Fir	_	Middle		iosi		4 DATE OF	Mo	nth	Day		ear
-	(Type or print)	Chai		Geor	-	Gold		DEATH	2	IF UNDER	14		9 59
5.	SEX		1	NEVER MARRIE		B. DATE OF BIRTH			 AGE (In years ligst birthday) 		-	Hours	R 74 HRS Min.
	M	W	WIDOW			11-26			65 yrs				
100	during most of worl	ON (Give kind of work of king life, even if retired)	done 10b	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPL	ACE (State o	or foreign co	iuntry)				COUNTRYP
1_	carpente	r					rylan				J.S.	A	
13.	FATHER'S NAME					14 MOTHER'S							
\mathbb{Z}	Wil	liam J. Go	oldbe	ck		Sop	hie N:	issen					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. 10	NFORMANT			Add	dress			
	no			unkn		Springf.	State	e Hosp	ital Red	cords			
	18. CAUSE OF DEA	ATH [Enter anly one co			,							VAL BET	
	PART I. DEA	TH WAS CAUSED BY:	Ade	nocarcinoma	of	prostate	e					rear	
	177X	DUE TO											
	Conditions, if o	ny, which } lb											
	gove rise to i	mmediate (DUE TO										-	
Н	lying couse lost.	the under-)										
Z	PART II OJI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19.	WAS A	UTOPSY
18	THAOTHET	onal psycho	OUTC	reaction							,	YES [NO 1
CERTIFICATION	200. ACCIDENT W	AS UNDERLYING	20b DES	CRIBE HOW INJURY O	CCURREC	(Enter noture of	f injury in P	ort I or Port	II of item 18.)				
199	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
SE	20c. TIME OF INJUR	RY Month, Doy, Yes	or 20d 1	NJURY OCCURRED		ACE OF INJURY			or town)	(C	ounly)		(Stote)
MEDICAL	Hour o.m.	19	While of wor	Not while	foc	tory, street, affice	bldg., etc.)					
~					3 = :	17 156	·- 2	- 13	- 10 50	2 11 11 11		.1.	
	i 'n	nat I attended the	deceas		e-II-a	accurred at	5 20 L	1		Z.,1NOT I I	ast sav	v me	aeceasea
	alive an 4		, }92	Z, and that	aeain	accurred at,			n the causes i reet, city or lown		e date		d abave. TE SIGNED
	ACTUAL 2	u. 1	You.	than		Conside						0	31. FO
	SIGNATURE	neurop -				wo. Spri	ugille.	0.50	ve_nospi	Lual			אלביוודי
	PHYSICIAN'S NAME (Type)	Edmund Lus	thau	s M.D.		Sydo	esvil:	le. Ma	ryland				
22	BURIAL CREMATIC)F	22c NAME OF CEME	ETERY O				ION (City, lawn	or county)		{Stote	1) /
	BUR / 4	2/17/5	-9	Bultino	RE	Cemer	TRY	134	HIMOR	e		Ma	/.
23	SUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			240. REC'C	8Y REGIST		ISTRAR'S SIG			
V	2. Walson	whi 2814	L	Bultingo	PE	5.	DATFEB	1 9 '59	C.	A B A	20		

funeral director. may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be pagached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shather registrar prior to burial, cremation, as removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS A15 (4) 15M 9/55



VS A15 (4) 15M 10/57

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1728

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

01731

		regi vizit ito.
	1. PLACE OF DEATH O. COUNTY LUNCK MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution: Residence before parassion) o. STATE O.
	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
)	d NAME OF HOSPITAL (If not in hospito), give street oddress) Ling Line Muss House	d street appress o 3 x 2 e. is residence on a farm? Yes \(\) No \(\)
	3 NAME OF DECEASED (Type of print) GEORGE - MILLAT	RD-HALE DATE OF HER 6 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED LOWORCED	B. DATE OF BIRTH Cluff S = 1889 9 AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of morking, life, even if retired)	ISTRY MBIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY WS A
	Jolie G Hale	Eura Walfgand
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	filtaid R Hale Upperso Med
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Chrome	Burnelites Interval Between ONSET AND DEATH 5 to 1
	Conditions, if ony, which) (b) Regenery Tros	+ mind and recording - 5 yes
	gove rise to immediate couse (a), stating the under- lying couse lost. DUE TO Description	illeens 3 40.
,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH IT EITHER, NOTIFY MEDICAL EXAMINED	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		ED. (Enter nature of injury in Port I or Port II of item 16.)
	ZOC TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work of work	ACE OF INJURY IHome, form, 20t (City or town) (County) (Stote) clory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Since	n accurred at A M, from the causes and an the date stated above
	ACTUAL SIGNATURE 11'11 From Toward.	ADDRESS (Street, city or lown, state) DATE SIGNET ADDRESS (Street, city or lown, state) ADDRESS (Street, city or lown, state) ADDRESS (Street, city or lown, state)
1	PHYSICIAN'S WITH Found with	, vignihester, id
	220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CO PROVINCE CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CONTROL 22b. DATE THEREOF 22b. DATE THEREOF 22c NAME OF CEMETERY CONTROL 22b. DATE THEREOF 22c NAME OF CEMETERY CONTROL 22b. DATE THEREOF 22b	OR CREMATORY 22d LOCATION (City, town, or county) (Stope)
	23 FUNERAL DIRECTOR'S SIGNATURE HOLDEN HOLDEN HOLDEN	THE DATE FEB 9 '59 COUNTY S K. A.



may be retained by the haspital or otherding physician. TO FUNERAL DIRECT R. After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 shauld be Located far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the bodies file with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer again. TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1729 CERTIFICATE OF DEATH

Reg. Dist. No. 01732

1	PLACE OF DEATH					2. US	SUAL RESIDENCE (V	/here decea	sed lived. If institut		e befor	e odmissi	on)
	49	roll		MARYL	AND			yland	B. COUNT				
Г	b. CITY OR TOWN (If RURAL and give ne	outside carparate limit	s, write	c. LENGTH OF STAY II	N 1b	c.	CITY OR TOWN (IF	autside car	porate fimits, write	RURAL ond g	jive nea	rest lown)
_		ton. Mary	land	560 day	s		Bal.	timor	e. Maryl	and '	S.A.	- 1	19
	d NAME OF HOSPITA	AL (If not in hospital, g	ve street	oddress)		d	STREET ADDRESS				1	. IS RESI	DENCE
L	OK INSTITUTION	Henryton	Sta	te Hospita	1		290	l Win	dsor Ave	nue		YES [FARM?
3	NAME OF	Fire	ıt	Middle			Last	4. DATE	Ma	nih	Day	Y	eor
	DECEASED (Type or print)	Fan					Hamm	OF DEAT	H Febr	uary	5	1	9 59
5.	SEX	6. COLOR OR RACE	7. MARR	IED DE NEVER MARRIED		8. DAT	E OF BIRTH		9 AGE (In years last birthday)	IF UNDER		IF UNDE	R 24 HRS
	Female	Negro	WIDOWE	DIVORCED		Oct	ober 18.	1907		Months	Days	Haurs	Min
100	during most of work	N (Give kind of work o	lone 10b.	KIND OF BUSINESS OR	INDUS	STRY 1	1. BIRTHPLACE (Stol			12 CITI	ZEN OI	WHAT	COUNTRY
-	None						Danvill	e. Vi	rginia		USA	4	
13.	FATHER'S NAME					14. /	MOTHER'S MAIDEN				_4.~*		
		Elexande	r Mi	ller			Unknown						
15.	WAS DECEASED EVER	IN U. S ARMED FOR	ES? 16.	SOCIAL SECURITY NO.	17 It	NFORM	IANT	****	Ade	dress			
[No	i yes, give not or occur or so		Unknown		Fan	nie Hamm	- Pa	tient				
	18 CAUSE OF DEA	TH [Enter anily one co	use per lir	ne for (a), (b), and (c).]							INTE	RVAL BET	WEEN
	PART I. DEAT	H WAS CAUSED BY:	Ce:	rebro-vasc	ula	r a	ccident				ONSI	ET AND	DEATH
	1331X	DUE TO											
	Conditions, if or		A:	rterioscle	ros	is							
	gave rise to in couse (a), stating t												
	fying cause fast.	ne uneur-	M:	inimal pul	mon	ary	tubercu	losis					
l g	PART II. OTH	ER SIGNIFICANT CON	OTIONS C	ONTRIBUTING TO DEAT	TH BUT	NOT R	ELATED TO THE TERM	AINAL DISEA	ASE CONDITION GI	VEN IN PART	1(a) 19	WAS A	LTOPSY
CERTIFICATION	OORX											YES [
ET F	200 ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURREC	D (Enle	er nature of injury in	Part I ar P	ort II of item 18.)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea			20e. PL/	ACE OF	INJURY (Hame, for treet, office bldg., et	m, 20f. (C	ity or tawn)	(C	ounty)		(State)
믵	p, m	19	While at worl	Not while	rur.	iony, si	reer, britce blug., e						
	21. I certify the	at I attended the	decease	ed from July	25		1957 to 3	Feb.	5 19.5	9 that L	ost sa	w the	deceased
				29, and that a									
								ADDRESS	(Street, city or town	, stote)			TE SIGNED
	ACTUAL SIGNATURE	gin, no	227 6	lars M	18,	M.D	Henry	ton,	Maryland			2-	5-59
													To the second section of
	PHYSICIAN'S E.	M. Macula	ans,	M. D., Su	pt.		Henryte	on St	ate Hosp	ital			
220	REMOVAL (Specify)	1/9/s	-9	14 CH	_			22d. LOC	ATION (City, town.	or county)		(State	<i>D</i>
23.	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDRESS				D BY REGI	STRAR 246 REG	ISTRAR'S SIG	NATUR	E .	
15	MUDDLPH	CULLIC	K-	14:2 E.P.	RES	510				The 8 :	12 may 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	
4													

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTR: After this certificate has been signed by the attending physician and campletely filled in by the Evneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shand with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1730 CERTIFICATE OF DEATH

Reg. Dist. N. 1733

PARCE OF DEATH COUNTY (STORY) CAPTOL MARYLAND DETAILS OF COUNTY (STORY) CAPTOL	-									MARIE DIS	14 1407	A .	
b CITY OR TOWN If coulded corporate limits, write RURAL and give necessar from CHAPTER (County) (Stable) (Stable Horse) (Stabl	1.	- COUNTY -	rroll		MARYL	71	o STATE			r		odmisse	onj
A STREET ADDRESS SPITINGFIELD SPITINGF		b CITY OR TOWN (II	f outside corporate limi	ls, write	C LENGTH OF STAY II	V 1b	c CITY OR TOWN (If	outside corpo	prote limits, write I			est town)
OF INSTITUTION OF A SARVEY 3. NAME OF OPERATE NOTE NO	1	Sykesvill	e iownj		2 mths-27d	ays	Boonsbo	ro	2/X				V
3. MANNE OF DECLARATION Harry Augustus Harmon 4. DATE Doy Year DECLARATION 1959 5. SEX 6. COLOR OR RACE 7. MARRED NEVER MARRED 1. DATE OF BERTH 1. P. AGE (in year Figuration 1. Date of BERTH 1. P. AGE (in year Figuration 1. Date of BERTH 1. P. AGE (in year Figuration 1. Date of BERTH 1. P. AGE (in year Figuration 1. Date of BERTH 1. P. AGE (in year Figuration 1. Date of BERTH 1. DATE of		d NAME OF HOSPIT	AL (If not in haspital, g	ive street	oddress)		d. STREET ADDRESS				e.	IS RESI	DENCE
DECASED PIPE I Harry Augustus Harmon Dath 2 1959 5. SEX Male White Widowed Daver Presser I Action of Market Presser I Action of Widowed Daver Pressor I Action of Widowed Daver	L	Spri	ngfield Sta	ate H	ospital.		Unknown						
S. SEX 6. COLOR OR BACE 7 MARRED DIVEYER MARRIED 1. DATE OF BEITH 20 ACE ((a) year) 1 - 21 - 71 20 ACE ((a) year) 1 - 21 - 71 20 ACE ((a) year) 1 - 21 - 71 20 ACE ((a) year) 1 - 21 - 71 20 ACE ((a) year) 1 - 21 - 71 20 ACE ((a) year) 1 - 21 - 71 20 ACE ((a) year) 1 - 21 - 71 20 ACE ((a) year) 1 - 21 - 71 20 ACE ((a) year) 1 - 21 - 71 20 ACE ((a) year) 1 - 21 - 71 20 ACE ((a) year) 1 - 21 - 21 - 71 20 ACE ((a) year) 1 - 21 - 21 - 71 20 ACE ((a) year) 1 - 21 - 21 - 71 20 ACE ((a) year) 1 - 21 - 21 - 21 20 ACE ((a) year) 1 - 21 - 21 - 21 20 ACE ((a) year) 1 - 21 - 21 - 21 20 ACE ((a) year) 1 - 21 - 21 - 21 20 ACE ((a) year) 1 - 21 - 21 - 21 20 ACE ((a) year) 1 - 21 - 21 - 21 20 ACE ((a) year) 1 - 21 - 21 - 21 20 ACE ((a) year) 1 - 21 - 21 - 21 20 ACE ((a) year) 1 - 21 - 21 - 21 20 ACE ((a) year) 1 - 21 - 21 - 21 20 ACE ((a) year) 2	3.	NAME OF	Fir	17	Middle		Lost		Ma	nlh	Doy	Y	eor
Male White Whowe Divorced 1-21-74 Sp. of the control Sp. o		(Type or print)	Har	сy	Augustu	8	Harmon	DEATH	2		1	1	959
Too USIAL OCCUPATION (Give hind of west done) 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY OUT OF PRESSET IN Factory 12 Maryland 12 CITIZEN OF WHAT COUNTRY OUT OF PRESSET IN Factory 13 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY OUT OF PRESSET IN 12 SAMME (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY OUT OF PRESSET IN 12 SAMME FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18 DITTER NAME 18 MOTHERS MADEN NAME 19 NO PRESSET IN 12 SAMMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18 DITTER NAME 19 NO PRESSET IN 12 SAMMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18 DITTER NAME 19 NO PRESSET IN 12 SAMMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 18 DITTER NAME 19 NO PRESSET AND DEATH 10 NO PRESSET A	S.		6. COLOR OR RACE	7 MARS	HED NEVER MARRIES	B.			9. AGE (In years			T	
during most of working life, even if restrict) PRESSET IN TACKTORY 3 FATHER'S NAME AUGUSTUS HARMOD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT HOSPITAL TECORDS. 18 CAUSE OF DEATH (Enter only one course per line for (o). (b). and (c) PART I. DEATH WAS CAUSED BY: ATTENTION 18 CAUSE OF DEATH (Enter only one course per line for (o). (b). and (c) PART I. DEATH WAS CAUSED BY: Conditions, if only, which gove rise to immediate course (b). Generalized Arteriosclerosis years Conditions, if only, which gove rise to immediate course (b). BY ONE TO DUE TO CONDITION TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (c) 19. WAS AUTOPSY YES END OF CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (c) 19. WAS AUTOPSY YES END OF CONTRIBUTING COLUMN AND COLUMN	L	Male	White	WIDOWI	ED 🔀 DIVORCED		1-21-74		85 yrs.	Months	Days	Hours	Min.
Presser in factory Augustus Harmon	1	during most of work	ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE (Stote	or foreign o	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY?
Augustus Harmon Augustus Harmon Marthe Rapp 15. WAS DICCASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 10 IT Yes, yes we we downed of worder) 10 IT Yes, yes we we downed of worder of worder of the force of years and the second of the force of years and the following properties of immediate course for individual part of organization of the force	I	resser in	factory				Maryland			U.S.	.A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (The nor we wishold) [IT you, you we we does of writter) 212-01-8756 Hospital records. 18. CAUSE OF DEATH [Enter only one course per line for [0], [b], and [c]] PART I. DEATH WAS CAUSE BY. Arteriosclerotic Heart Disease ONSEL AND DEATH YEARS (LICENSTEAS CONDITION GIVEN IN PART 10] PART I. DEATH WAS CAUSE BY. Arteriosclerotic Heart Disease ONSEL AND DEATH YEARS (LICENSTEAS CONDITION GIVEN IN PART 10] P. WAS AUTOPSY (b) OF PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10] 19. WAS AUTOPSY (E. B. S. associated with cerebral arteriosclerosis with psychotic reaction PERFORMED? YES NOT	13.						14 MOTHER'S MAIDEN I	NAME					
To or or strategies Part Disease	V	Aug	gustus Harm	on			Marthe 1	Rapp					
Real Course of Death (Enter only one course per line for (o), (b), and (c)				reneat l		17 INF	ORMANT		Add	iress			
PART II. DEATH WAS CAUSED BY. Conditions, if any, which gave rise to immediate	L			2	12-01-8756		Hospital re	cords,					
DUE TO Conditions, if ony, which gove rise to immediate course (o), toling the under lying course lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES SO CONTRIBUTING COURSE OF DEATH OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING COURSE OF DEATH OF COURSED (Enter nature of injury in Part I or Part II of I feem 18) OF CONTRIBUTING CAUSE OF DEATH OF DEATH OF COURSED (Enter nature of injury in Part I or Part II of I feem 18) OF TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of I feem 18) OF TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of I feem 18) OF TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of I feem 18) OF TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of I feem 18) OF TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of I feem 18) OF TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of I feem 18) OF TIME OF INJURY MONTH, DOY, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II or Par		18 CAUSE OF DEA	TH [Enler only one co	use per lir	ne for (o), (b), and (c)]						INTER	VAL BET	TWEEN
Conditions, if ony, which gove rise to immediate coute (b), doing the under lying couse lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 1B) On ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) TO CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 1B) 21. I certify that I attended the deceased from 19 of work of wor		PART I. DEA	TH WAS CAUSED BY:	Arte	eriosclerot:	ic H	eart Disease				vears DEATH		
gove rise to immediate couse (c), doing the under tying couse loat. No Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? PERFORMED. PERFORMENT. PERFORMED. PER		HickO.											
gave rise to immediate logical course (o), Islaing the yarder. Jying couse lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED. PERFORM	П			Gene	eralized Ar	teri	osclerosis				yes	ars	
PART H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Yeor While of work			mmediate (
C. B. S. associated with cerebral arteriosclerosis with psychotic reaction PERFORMED 100 200 ACCIDENT WAS UNDERLYING 201 202 202 203 ACCIDENT WAS UNDERLYING 204 ACCIDENT WAS UNDERLYING 205 ACCIDENT WAS UNDERLYING 205 ACCIDENT WAS UNDERLYING 206 ACCIDENT WAS UNDERLYING 206 ACCIDENT WAS UNDERLYING 206 ACCIDENT WAS UNDERLYING 207 ACCIDENT WAS UNDERLYING 206 ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING 206 ACCIDENT WAS UNDERLYING 207 ACCIDENT WAS		lying couse lost.) (c)									
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of the foctory, street, office bidg., etc.) 21. I certify that I attended the deceased from 12-5-1, and that death occurred at 5-00 Am, from the causes and an the date stated abave actual signature of the foctory of the state of the foctory of the state of the foctory of the state of the foctory of the foct	N N	PANT II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TERM	NAL DISEAS	E CONDITION G	VEN IN PART	1(a) 19.	WAS A	UTOPSY
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of the foctory, street, office bidg., etc.) 21. I certify that I attended the deceased from 12-5-1, and that death occurred at 5-00 Am, from the causes and an the date stated abave actual signature of the foctory of the state of the foctory of the state of the foctory of the state of the foctory of the foct	S			UII CE	stental and	SLTO	screrosis wi	en psy	venotic i	eacti	on ,		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of the foctory, street, office bidg., etc.) 21. I certify that I attended the deceased from 12-5-1, and that death occurred at 5-00 Am, from the causes and an the date stated abave actual signature of the foctory of the state of the foctory of the state of the foctory of the state of the foctory of the foct	ERTIF	20a ACCIDENT WA	S UNDERLYING CONTROL CAUSE OF DEATH	206 DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of injury in	Part I or Par	rt II of item 18)				
21. I certify that I attended the deceased from 12-5-1, 1958, 12-1, 1959, that I last saw the deceased alive on 2-1-1, 1959, and that death occurred at 5-00 Å-M, from the causes and an the date stated above ADDRESS (Street, city or tawn, stote) ACTUAL CREMATURE SIGNATURE ACTUAL CREMATURE ACTUAL C				- 1204 II	ALLIES OCCUPATED 1	On PLAC	E OF INITIES (Home for-	204 (Civ.	u de Armel	100			161-1-3
21. I certify that I attended the deceased from 12-5-1, 1958, 12-1, 1959, that I last saw the deceased alive on 2-1-1, 1959, and that death occurred at 5-00 Å-M, from the causes and an the date stated above ADDRESS (Street, city or tawn, stote) ACTUAL CREMATURE SIGNATURE ACTUAL CREMATURE ACTUAL C	100			While	Not while	focto	ry, street, office bldg., etc	() (a)	y or town)	ίc	ountyj		(State)
alive on 2-1- , 1059 , and that death occurred at 5 000 Å M, from the causes and an the date stated above ADDRESS (Street, city or tawn, state) ACTUAL CONTINUE CONTINUE CONTINUE CONTINUE MADRESS (Street, city or tawn, state) DATE SIGNER 2-1-59 PHYSICIAN'S AGUSTIN del Campo M.D. Sykesville, Maryland, MAME (Type) Agustin del Campo M.D. Sykesville, Maryland, 20. BUR AL, CREMATION, 22b. DATE THEREOF MIMOVAL (Specify) 2/4/59 ADDRESS ADDRESS 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE	×	p. m.		of wor			ER 9.1		570				
ACTUAL CONSTRUCT CLC CONTROL M.D. Springfield State Hospital 2=1-59 PHYSICIAN'S NAME (Type) Agustin del Cambo M.D. Sykesville, Maryland. 220. BUR AL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City Iown, or county) (Stote) ALL MARY CONTROL STATE ADDRESS (Street, city or town, stote) 2-1-59 PHYSICIAN'S NAME (Type) Agustin del Cambo M.D. Sykesville, Maryland. 220. BUR AL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City Iown, or county) (Stote) 24d REGISTRAR SIGNATURE 22d REC'D BY REGISTRAR'S SIGNATURE		77		decease	ed from+47	2	19.20 16.11	Ā	, 19.22	,that	ast sav	v the	deceased
ACTUAL GROWN CLE CAMBO, M.D. Springfield State Hospital 2-1-59 PHYSICIAN'S NAME (Type) Agustin del Cambo M.D. Sykesville, Maryland, 220. BUR AL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City lown, or county) (Stote) ADDRESS 240 REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE		alive on		182	Z, and that o	leath c					e date		
PHYSICIAN'S Agustin del Campo M.D. Sykesville, Maryland. 220. BUR AL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City 10wn, or county) (Stote) 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE		ACTUAL T	motor o	000	Pa /								
NAME (Type) A CUSUIN COL CAMPO M.D. SYKESVIJIE, MATVIANDE. 220. BUR AL, CREMATION, 12th. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City lown, or county) (Stote) AMENOVAL (Specify) 2/4/59 22d NAME OF CEMETERY OR CREMATORY 22d LOCATION (City lown, or county) (Stote) MATURE (Type) A CUSUIN COLOR STORM COLOR ST		SIGNATURE	MOVIE CE		Grange	<u>2</u> _ M.	p. phraner re	Id 26	ive nospi	. 03.L		2=1	
220. BUR AL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City sown, or county) (Stote) MANUAL (Specify) 2/4/59 Jaylorsville Mal		PHYSICIAN'S	metin del	Cami	ho M D		Suksanill	o Mom	. Tand				
214/59 Jaylorsville MA 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	22												
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR'S SIGNATURE		MEMOVAL (Spedify)	0/1/20	r f	700	- 6	REMATORY	ZZE LOCA	HON (City lown,	or county)		(Stote	1
D Wast de Mi - 14/ Am mell	122		S SIGNATURE	0		M	Agen per	D BY DECK	TOAD 3th DEC	STDAD'S SIG	MATHOE	1/4	1
		D Was	F / 1	en.	711-11	u de	un mall	V					
P. HOWELLA THOM I FULL WILLIAM TO DATE FEB 4 '59 Contrar & Knows		, I I COL	1 EXXI TO	774	1 perce of the		DATEFE	B 4 '5)a C	Usa X	Though		

VS A15 (4) 15M 9/5S



death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	MA	KILAND SIA	E DEPAKIM	ENI OF REALIR	I-BALIIMOK	E, 18	041596
>	17:	20	CERTIFICA	ATE OF DEATH	1	Reg. Dist.	11735 No.
1. PLACE C	F DEATH-	7 	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MALE	ere deceased lived If ii b. CO		before admission)
RURA	OR TOWN (If outside corporat and give negrest town)	1:	THE OF STAY IN 16	c, CITY OR TOWN (IF &	utside carporote limits, v	vrile RURAL and give	nearest town)
d NAM OR IN	E OF HOSPITAL (If not in hospistitution	tol, give street address)	4. Home	d. STREET ADDRESS	urbnol	Drive	IS RESIDENCE ON A FARM? YES NO [2]
3. NAME C DECEASI (Type or	print)	First	ellert.	JEAN#	4. DATE OF DEATH	Month 2	Day Year 5 7
5. SEX	6. COLOR OR R		- DIVONCED []	Oct 22, 18	9. AGE (In last birth	уп.	
during	OCCUPATION (Give kind of most of working life, even if re	elired)	susiness or indu	Kock	lale	12. CITIZE	N OF WHAT COUNTRY?
13. FATHER	vitin	Jean		14. MOTHER'S MAIDEN N	ne To	unch.	
(Yes, no. or ur	CEASED EVER IN U. S. ARMÉD	FORCES? 16. SOCIAL	SECURITY NO. 17. 1	rformant .	Power 34	W. Chor	phare 4
	PART I. DEATH WAS CAUSED IMMEDIATE CAU	8Y: 11-7-	. / -	Heart Die	each,		INTERVAL BETWEEN ONSET AND DEATH
Cond	itions, if any, which)	16) Cerlina	I hem	whose ter	mchitis,		2 Feb 59
caste	rise to immediate (o), stoting the under-	(c) artien	onlerous	Senerolized			257459
CATIO	PART 11. OTHER SIGNIFICANT		UTING TO DEATH BUT	MOT RELATED TO THE TERMIN	NAL DISEASE CONDITIO	N GIVEN IN PART 16	19. WAS AUTOPSY PERFORMED? YES NO
2Co. Ad OR CO (IF EITH	CIDENT WAS UNDERLYING E NTRIBUTING CAUSE OF DE IER, NOTIFY MEDICAL EXAMIN	TOTAL STATE OF THE		Center noture of injury in P		8)	
	NE OF INJURY Month, Day, our o.m. p. m.		CCURRED 20e. PL. t while for	ACE OF INJURY (Hame, form, tory, street, office bldg., etc.)	20f. (City or town)	(Cou	nty) (Stote)
21. I	certify that I attended	the deceased from		, 1939, to occurred at 2:45			t saw the deceased date stated above.
ACTUA SIGNA	TURE Henrard	E. Har	W*		ADDRESS (Street, city or		DATE SIGNED
PHYSIC	IAN'S						
BEMOI	CREMATION, 22b. DATE THE ALL (Specify)	1959 20c. N.	AME OF CEMETERY O	CREMATORY COME CON	22d. LOGATION (City. 1	own, ar county)	(Stote)
23 FUNERA	COURTOR'S SIGNATURE	~8728°	Lerry	6.0	BY REGISTRAR 24b.	REGISTRAR'S SIGNA	YURE
	0 0	Kani	altolon	mi ma			



pages 1 and 2 with the State out within 72 hours after death.

crematic

nted within 24 hours after death.
Hem, 18. Give Pages 1, 2. and along with farm PM3. Page 5 is permit. File pages 1 and 2.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01736

	1733	EDICA	L EXAMINER'	S-CERTIFICA	TE OF E	PEATH	Reg. Dir	it No	1 1017
1,	PLACE OF DEATH o. COUNTY Carroll		MARYLAND	2. USUAL RESIDENCE (Where decessed	lived. If institute b COUNT		arrol	
	b CITY OR TOWN (Il outside corporate hinds, and give reporest fown) Taneytown		c. LENGTH OF STAY IN 16	c CITY OR TOWN (lf outside corpor neytown	ote limits, write	RURAL and	give neore	est fown)
	d. NAME OF HOSPITAL OR INSTITUTION		spitol, give street oddress) Neal's Farm)	d STREET ADDRESS	neytown	Maryl	and_		IS RES DENCE ON A FARM? ES NO
3.	(Type or print) James	First	Middle Henry	Kaiser _	4 DATE OF DEATH	Februa	ary 3	7	Year 59 19
	Male White	WIDOWE		May 8, 1866	1886	AGE (In years four birthday) 72 yrs		Days Ho	UNDER 24 HRS
	o USUAL OCCUPATION (Give kind of wo during most of working life, even if retire Farmer Worker		KIND OF BOSINESS OK INDUS	Pa.		nicy}	JIZ CIIIZ	ZEN OF W	/HAT COUNTR
15	Henry Keise Was Deceased ever in U. S. ARMED (If year, give wor at date)	FORCES? 16	SOCIAL SECURITY NO. 17.	Rose Abe	11	Address - Taney		R. D	. 1. Md
	18. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	(o) COT		Infarct				INTERVAL ONSET A)	DETY/EFIN
CERTIFICATION	PART H, OTHER S GNIFICANT CO	ONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE C	ONDITION GIV	EN IN PART	1(o) 19. VES	ERFORMED?
		206 DESCRIE	E HOW INJURY OCCURRED.	(Enter noture of injury in Po	ort t or Port II of	item 18)			
MEDICAL	20c TIME OF INJURY Month, Doy, Hour o. m.	Whi	£	ACE OF INJURY (Home, for clory, street, office bidg., et		r town)	(Cou	nly)	(Stote)
1	21. I certify that I taok char	ge of the	remains described ab	ove, held an Autap	sy X , Ins.	pectian []	, Inquir	y],	and in my

4 should be forw VS. ATSME 5M 2/57

EXAMINER'S William V. Lovitt Jr., M.D. NAME (Type) 220. BURIAL CREMATION Removal (Specify)

ACTUAL

SIGNATURE

opinion death resulted fram: Natural causes X,

2/6/59

122c NAME OF CEMETERY OR CREMATORY Rest Haven Cem.

ADDRESS.

Accident

DEPUTY MEDICAL EXAMINER 22d. LOCATION (City, town, or county)

ASSISTANT MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER

February 4, 1959 (Stote)

DATE SIGNED

Hanover, Pa.

246 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

Suicide [], Hamicide [], Undetermined manner []

Clarky & Thous.



weral director, se filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspitat ar attending physician. TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and compretely filled in by the page 3 shauld be deached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shattle registrar prior to burial, cremation, == removol, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1734

CERTIFICATE OF DEATH

01737

L		1.435	4	CERT	IFIC	AII	OF DEAT	П		Reg. Dis	it. No.	
T.	PLACE OF DEATH	rroll		MAR	YLAND	2.	USUAL RESIDENCE (W STATE Marvl		d lived It institut b. COUNTY	,	inore	
厂	b. CITY OR TOWN (IF		its, write	c. LENGTH OF STAT	/ IN 16		c. CITY OR TOWN (IF	outside carpo	prote limits, write l			
1	RURAL and give ne	oville (Ru	ral)	ly. 8m. 7	7d.		Balti	more	3.	V. 7	e-f-	
Г	d NAME OF HOSPITA				C.		d. STREET ADDRESS	1010		V (-1	e. 15	RESIDENCE
_		eld State	Hospit	al			1627		ter Stre	et		N A FARM?
3.	NAME OF DECEASED	- Fii		Middle	e		Last	4. DATE OF	Me		Day	Yeor
L	(Type or print)	Ev					Kowalski	DEATH	20010		26,	1959
5.	SEX	6. COLOR OR RACE					ATE OF BIRTH	01	9. AGE (In years last birthday)			INDER 24 HRS
L	Femalo	White	WIDOWED		lead }		arch 5, 18	84	74 yrs.			
10	 USUAL OCCUPATIOn during most of wark 	N (Give kind of warking life, even if relired	dane 10b. Ki)	IND OF BUSINESS	OR INDU	ISTRY	11 BIRTHPLACE (State	a or foreign o	country)	12. CIT	ZEN OF W	HAT COUNTRY
_	Housewi:	fe					Maryl				U.S.A	
13	FATHER'S NAME					14	MOTHER'S MAIDEN					
L		Martin Zbo						Kathe	rine -			
15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16. 50	DCIAL SECURITY NO	D 17 I	NFOR	MANT		Ado	fress		
L	170				S	Spr:	ingfield S	tate "	cspital !	Record		
		TH [Enter only one co			- 4							L BETWEEN
	PART I DEATH WAS CAUSED BY, Arteriosclerotic cardio-vascular disease											
	that d. 1 DUE TO											
	Conditions, if on	Conditions, if ony, which) Generalized arteriosclerosis						Years				
		rise to immediate (a), storing the under DUE TO										
	lying cause last.	lie diider-)									
CERTIFICATION	PART II OTH	er significant con	DITIONS CO	NTRIBUTING TO DE	ATH BUT	NOT	RELATED TO THE TERA	AINAL DISEAS	E CONDITION GI	VEN IN PART	1(a) 19. W	AS AUTOPSY REORMED?
3	cere mal	ertarioscl	musis	. with ne	avcho	ti	r reaction			S WALL	YES	□ NO □
RTIF	206 ACCIDENT WAS	S UNDERLYING I	206 DESCR	IBE HOW INJURY	CCURRE	D (Er	iter nature of injury in	Part I ar Pai	rt II af item 18.)			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)										
MEDICAL	20c. TIME OF INJURY	Manth, Day, Ye		URY OCCURRED	20e PL	ACE (OF INJURY (Hame, for street, affice bldg., et	m, 20f (Cit	y or tawn)	(C	aunly}	(State)
MEC	p. m.	19	While at work	Not while of wark		,,	arran, arran oragi, or	"				
	21. I certify the	at I attended the	deceased	from Octob	er 2	L.	. 19 57 to Fe	ebruar	v 25 1559	that L	ast saw t	he decente
	alive an Febr						curred at 6:40					
		. 0	Cin	D			000000000000000000000000000000000000000	ADDRESS (S	itreet, city ar town,	state)	ic duic s	DATE SIGNE
	ACTUAL SIGNATURE	like &	· K	ahu		M.D.	Springfie	eld St	ate Hospi	ital		2/27/59
	PHYSICIAN'S NAME (Type)	lta S. Gla	in, M.	D.			Sykesvil	le. Ma	ryland			
22	BURIAL, CREMATION REMOVAL (Specify)	3/3/5	9	HOLY /	POSI	R-ON		228 LOCA	TION (City, town,	or county) Hill		elo mal
23	FUNERAL DIRECTOR'S	SIGNATURE A	4	ADDRESS		7	240. REC	D BY REGIS	TRAR 24b. REG	STRAR'S SIC	NATURE	
-	Leonge 1	y Weller	705	& Kin	111	-2	BATERE	שו פי תו	i9 C	1 . 8	wer.	



YS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

735	CERTIFICATE	OF D	ΕΔTI
1/25	CEVILLICATE		

	MARILAND SIA	HE DEPARTME	INI OF HEALIN	-BALIMOKE,	10	01738	
^	1735	CERTIFICA	TE OF DEATH		Reg. Dist. 8	T.	
	PLACE OF DEATH o. COUNTY	MARYLAND	2 USUAL RESIDENCE (Who o. STATE	ere deceased lived If institution b. COUN		efore admission)	
	RURAL and give nearest town?	17-20-27	OR H	utside carparate limits, write	RURAL and give	nearest town)	
[d NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION Spring Piekl STA	te Hosp.	d. STREET ADDRESS	! Elwood	2	e. IS RESIDENCE ON A FARM? YES NO 🔀	
	NAME OF DECEASED (Type or print) Than AS	Middle	Ahey	4. DATE NO OF DEATH	ionth	Doy Yeor 1915 9	
	MIDOWED [DIVORCED 🔲 🕽	DATE OF BIRTING	9. AGE (In year lost birthday	Months Day	AR IF UNDER 24 HES. S Hours Min.	
	90. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) Low or	OF BUSINESS OR INDUST	MARY	Spnd	12. CITIZEN	OF WHAT COUNTRY?	
\	J. FATHER'S NAME Thomas Lahex		14 MOTHER'S MAIDEN N	Redden			
	Yes no or unknown) (If yes, give wor or dates of service)		Hoop tol	Recordis	ddress		
	1B. CAUSE OF DEATH (Enfer only one cause per line for (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	o). (b), and (c).]	1 emhufur	9		NTERVAL BETWEEN ONSET AND DEATH	
	Canditions, if ony, which (b) Three		weeks				
	couse (o), stating the under. lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTER	BUTING TO DEATH BUT N	OT PELATED TO THE TERMIN	NAL DISEASE CONDITION O	IVEN IN DART YO	110 WAC & ITOPCY	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AJTOPS PERFORMED? YES NO E OF CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER! 200 ACCIDENT WAS UNDERLYING D 200 ACCIDENT						
		OCCURRED 20e. PLAC	E OF INJURY (Home, form,	20f. (City or town)	[Coun	ly) (Slole)	
	p. m. 19 of work of	work _	ry, street, office bldg., etc.		`		
	21. 1 certify that I attended the deceased from alive an 2 - 15 19 59		occurred at 15 700 F		and an the		
	SIGNATURE Gristin del	Ampo. M	D				
7	PHYSICIÁN'S // NAME (Typo) 20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. I REMOVAL (Spoc fg)	NAME OF CEMETERY OR	CREMATORY	27d. LOCATION (City, lawr	o, or county)	(State)	
	Burial Feb 18,1959 N	ew Cathedr		Baltimore,		nd	
		altimore S	DATE FEE	155	GISTRAR'S SIGNA	TURE	



VS A1S (4) 1SM 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1736 CERTIFICATE OF DEATH

0173g

1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b. COUNTY Det 77
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Kennar 37 yrs	X Keinner
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o is residence on a farm? YES \(\) NO \(\)
3. NAME OF First Middle	Last 4. DATE Month Day Year
OFCEASED (Type or print) EFFIE ALBERTA	LEAKINS DEATH Feb. 14 1959
S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
F LL WIDOWED DIVORCED	april 19 1882 To yrs. Manths Days Haurs Min.
10a USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDU:	STRY 11 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	maryland U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William R. Clabaugh	anne Hartsonk
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. / 17.	NFORMANT Address
(Yes, no or unknown) (If yes, give wer or dotes of service)	2 John J. Leakin Kellman mid
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	m Mrons boars ONSET AND DEATH
4-20.1 DUE TO 1 5	The same of the sa
Canditions, if any, which) (b)	MMocardelys The ox
gove rise to immediate OUE TO	-
lying cause last (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATC	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
A Haur o. m. While Not while for	ACE OF INJURY (Home, farm, 20f. (City or tawn) (Caunty) (State) tory, street, affice bldg., etc.)
p. m. 19 at work at work	A A MARINE
21. I certify that I attended the deceased from 1200	
alive an 12 , and that death	occurred at 2: PM, from the causes and on the date stated above
0 17 7	ADDRESS (Stree), city or town, state) DATE SIGNE
SIGNATURE TO THE SIGNATURE	M.D. INVUNINALINI MILITAL
PHYSICIAN'S TO. H. MESSLET	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, fown, or county) (Stole)
REMOVAL (Specify) 2/17/59 Kellowille	Country Mr. Kenner m. 1.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 1245. REGISTRAR'S SIGNATURE
G. Barton. Walkersville,	Mit DATEEB 1 8 '59 Coming of Knows



VS A15 (4) 15M 9/55 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1
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737 CEKTIFICATE OF DEA	737	CERTIFICATE	OF DEAT
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01740

	1491							Reg. Dist	t. No.		
F PLACE OF DEATH					2. USUAL RESIDENCE (Who STATE	ere deceased		ii Pesidenc	e before odm	ission)	
0 000/111								Ba	Balto.City		
b. CITY OR TOWN	(If autside carporale îim	its, write	c. LENGTH OF STAY		c. CITY OR TOWN (If a	utside corpor	ate limits, write RU	RAL and g	ive negrest to	wn)	
RURAL and give	esville		2mos 27da	ys	Baltimore	}			271	+	
OR INSTITUTION	TTAL (If not in hospital,		· ·		d. STREET ADDRESS				e. IS R	ESIDENCE A FARM?	
Springfie	ld State Ho	spit	al		Unknown					□ NO 📭	
3 NAME OF DECEASED		rst	Middle		Lost	4. DATE OF	Month	i	Day	Year	
(Type or print)	Will	iam	Rando	lph	Lee	DEATH	Februa	ry	15,	1959	
5. SEX	6. COLOR OR RACE	7 MARI	RIED 🔲 NEVER MARRIE		DATE OF SIRTH				YEAR IF UN		
Male	White	WIDOW	ED 🔼 DIVORCEI		June 2, 1872		86 yrs.	Months	Days Hour	s Min.	
10o USUAL OCCUPAT	ION (Give kind of work irking life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (State of	or fareign ca	uniry}	12. CITI:	ZEN OF WH	AT COUNTRY	
Unknown		'		-	Virgin	nia			U.S.A.		
13. FATHER'S NAME					14. MOTHER'S MAIDEN N			1			
Unknown	1				Unknow	m					
15. WAS DECEASED EN	ER IN U. S ARMED FOI	CE5? 16.	SOCIAL SECURITY NO	17, IN	FORMANT		Addre	15			
No	(If yes, give war or dates of	ervicej	-	S	oringfield Ho	osnita	1 Records	7			
	EATH [Enter anly one co	use per li	ne for (a), (b), and (c).		<u> </u>				INTERVAL	BETWEEN	
	EATH WAS CAUSED BY	A	,		heart diseas	ie.			ONSET AD	D DEATH	
1121	IMMEDIATE CAUSE (c	7								OGILD	
Canditians, if	anu subiah S	G	eneralized	arte	riosclerosis.				3	Cears.	
gave rise to	immediate (1	J11011 (132-0)							.041.54	
trause (a), station lying cause last	tue nuder.								İ		
			CONTRIBUTING TO DEA	TH_BUT N	OT RELATED TO THE TERM P	NAL DISEASE	COND TION GIVE	N IN PART	1(o) 19. WA	5 AUTOPSY	
Z Bronchor	soc.with ce	rebr	al arterios	cler	osis with psy	rchoti	c reactio	n.	PERI	ORMED?	
200. ACCIDENT	Meumonia A	20b. DES	CRIBE HOW INJURY OF	CCURRED.	(Enter nature of injury in P	ort I or Port	If of item 18)		1 163	7 100 (25	
C.B.S. as Bronchor 200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)										
		or 20d. II	NJURY OCCURRED	20e. PLAC	E OF INJURY tHame, form,	20f (City	at lown)	/C	ounty)	(Slate)	
Hour a.m	10	White at wor	Nat while	facto	ary, street, affice bldg., etc.)		101	241117.3	(sout)	
			Land 1	la a sa	10 CO 10.1		25 50				
		deceas	ed from WOVER	wer.	18, 1958 to Feb	ruary	_12 <u>5 1957.</u>	that I lo	ast saw th	e decease	
alive onFG	bruary 14,	, 19_3	27, and that	death o	occurred at 2:15/						
ACTUAL /	mit.	01	1 Come	6	Springfie	,	eet, city or lawn, st	ote)	,	DATE SIGNE	
SIGNATURE	graum	acc	comy	202 M	o springrie	to no	Spital			1.12/22	
PHYSICIAN'S NAME (Type)	Agustin del	Camp	o, M.D.		Sykesvill	l e, Ma:	ryland				
220. BUR.AL CREMATI	ON, 226 DATE THEREC)F	220 NAME OF CEME	TERY OR	CREMATORY	228/LOCATI	ON (City, lawn, or	caunty)	(51	ote)	
	-116-2-		1107 111	M	april Ban	2 120	eccur-	mp	1		
23. FUNERAL DIRECTO	R'S SIGNATURE		MODRESS		240. REC'D	BY REGISTS	AR 24b REGIST	RAR'S SIGI	NATURE		
TWIN	(77. 110	well	1 William	3/1/	O. ALLS DATE						



Rea. Dist. No.

1. PLACE OF DEATH o. COUNTY			MARYL	ASMO.	2. USUAL RESIDENCE			lived. If matitution b. COUNTY			mission)		
	arroll	de confide				ryla			Howa				
RURAL and give i	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give neatest town) Ellicott City							
Sykesvi			2yrs.19days				CILY	t.			V		
OR INSTITUTION	TAL (If not in hospital, g		•		d. STREET ADDR					0	RESIDENCE N. A. FARM?		
	ield State	nosp			Main	our		W. W. T. C. 454		YES	S NO		
3. NAME OF DECEASED (Type or print)	Anna	si	Clement Clement		Makinson	a	4. DATE OF DEATH	Mon Feb:	m ruary	Doy 6	Yeor 19 59		
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	हैं। इस्त्रे	B. DATE OF BIRTH		5	AGE (In years	the same of the sa	YEAR IF U	NDER 24 HRS		
Female	White	WIDOW		_	November :	12,	1873	85 yrs.	Manths C	Days Ho	urs Min		
10a. USUAL OCCUPATE during most of wo	ION (Give kind of work in rking life, even if refired)	done 10b	. KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE	(State o	or foreign cou	intry)	12. CITIZ	EN OF W	HAT COUNTRY		
Nurse			-		Maryla	and			U	.S.A.			
13. FATHER'S NAME					14. MOTHER'S MA								
Charles :	Makinson				Agnes	विक्	ee j	saacs					
15 WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 IN	FORMANT			Adde	#55				
No	-		_		Springf:	ield	Hospi	Ltal Rec	ords				
18. CAUSE OF DE	ATH [Enter only one co	use per l	ine for (0), (b), and (c)]								L BETWEEN		
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ar	teriosclerot	ic	cardiovaso	cula	r dise	ase .		year			
4221	DUE TO												
Conditions, if	ony, which } (b)	Ge	neralized ar	rter	iosclerosi	is.	severe			year	8.		
gove rise to couse (a), stating	immediate (
lying couse lost.)											
C.B.S.as	HER SIGNING HT CON	Hile	CONTRIBUTING TO DEAT	H BUT I	With byth	hoti	di operat	CONDITION GIV	EN IN PART				
5 20 456105117.11	As in income in E	201 050	COLOR HOW WILLIAM OF	C- 100FB	AP		-1 6 1	11 5 20 20 2		YES	NO []		
OR CONTRIBUTING	AS UNDERLYING GCAUSE OF DEATH MEDICAL EXAMINER)	200. DE:	SCRIBE HOW INJURY OCC	COKKED	, (Enter noture at inju	ury in Pi	off I of Port	II OT ITEM IN]					
	RY Month, Doy, Yes			Oe. PLA	CE OF INJURY (Ham-	e, form,	20f. (City o	or lawn)	(Co	unty)	(State)		
Hour o.m.	19	While of wo	rk at work	1001	ory, since of onice one	Str. ameri							
21. L cortify 1	hat I attended the	decea	sed from Januar	cy 1	7. 1957 10	Feb	ruary	6, 1059	that I la	ist saw t	he decensor		
	bruary 5,	195	9 and that d	leath	occurred at 8:	35 A	M from	the courses of	nd on the	a data si	tated above		
	->	, /	2 / /2	1				set, city or town,		0 0010 31	DATE SIGNED		
ACTUAL	Lainlyn	d	ll Church	20 ,	Spring	fiel	d Stat	te Hospi	tal	2	16/59		
/ / /	1		- /								L-LL-C		
PHYSICIAN'S NAME (Type)	Agustin de	1Cam	po, M.D. (/		Sykesv	ille	, Mary	rland					
220 BURIAL, CREMATIC	ON, 22b. DATE THEREO	F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d LOCATE	ON (City, town, o	r county)	1	State)		
REMOVAL (Specify Burial	2_9_59		St. John	ns			Eli	licott C	it.v. 16	3			
23. FUNERAL DIRECTO	t's SIGNATURE		ADDRESS		240	. REC'D	BY REGISTR		TRAR'S SIGN				
F.C. Higinb	othom, Ellic	cott	City, Md		DA	TEB	9 159	(7	er de	A.C.			

TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

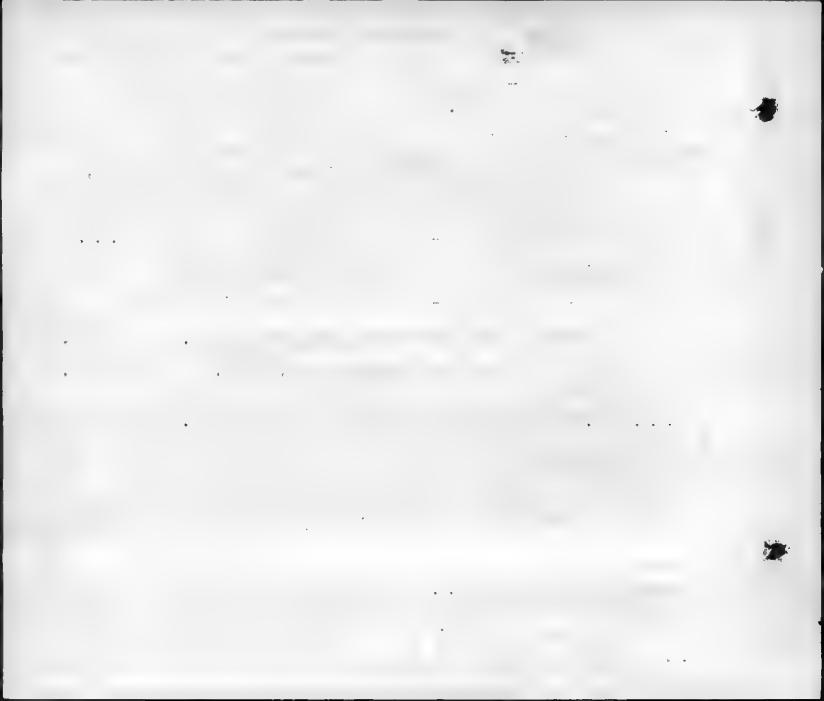
TO FUNERAL DIRECT R: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be accomed for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 shat the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

peral director, be filed with

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VS A15 (4) ISM 10/S7

RYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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CERTIFICATE OF DEATH

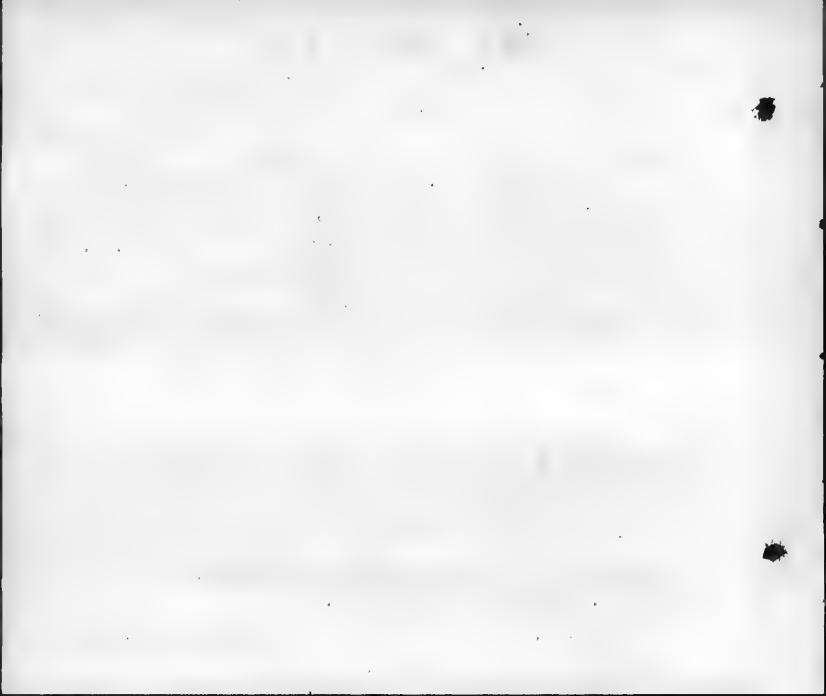
MA

1738

Reg. Dist. No.

01742

	4100						keg, pist. N	40.	
1. PLACE OF DEATH g. COUNTY			~ STATE	DENCE (Where			Residence be	efare admi	ssion]
Carr	oll	MARYLAND		aryland	0	. COUNTY	Carrol	1	
 CITY OR TOWN (RURAL and give n 	If outside corporate limits, write	te c. LENGTH OF STAY IN 18	c CITY OR	TOWN (If outsid	e carporate lim	its, write RUR	At and give r	nearest tav	wn)
Frizelb	*	Lifetime	_ J _ F	rizelbu	rg				
OR INSTITUTION	TAL (If not in hospital, give str	eet address)	d. STREET	ADDRESS				ON	A FARM?
3 NAME OF	First	Middle	La		DATE	Manth		Doy	Yeor
(Type or print)	Charl	les S.	Marker		OF DEATH TOP	bruary		959	19
5. SEX		ARRIED NEVER MARRIED		Н !	9 AGE	(In years IF	UNDER TYE	-///	
Male		OWED DIVORCED	May 15.	1868	lost G		Manths Days	s Haurs	Min
100 USUAL OCCUPATIO	ON (Give kind of work done I	106 KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHP	LACE (State or fo			12 CITIZEN	OF WHA	T COUNTRY
Retired	king life, even if relired)	Own Farm	Marv				U.S	A	
13. FATHER'S NAME	, et mer	OWII PAIM		MAIDEN NAME			1 0.0	· El ·	
Jacob	Marker		Sar	ch War	ehime				
15. WAS DECEASED EVE	R IN U S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	, INFORMANT	dett Heer	OILLING	Address	b		
(Yes, no. or unknown)	(If yes, give war or dates of service)	14	r. Walter	Marker	Westm	inster	Marwl	end	R.D.
	ATH [Enter only one cause pe		4 B 11 COM 952	1)	1	1110 001	· · · · · · · · · · · · · · · · · · ·	NTERVAL B	
	ATH WAS CAUSED BY	Corone	100 7-	Gra	Lisa		Ö	INSEL AN	DEATH
420.1	DUE TO	- Lace	6 . 11	-A.	- Trans	1 1		184	ur
Canditions, if a		4, rtene	rsec	rale	- Cen	-sio		5-7	741
gave rise to i	mmediate (Vuelex	usu	4.00	ale	0			1-0
lying couse last.		Hyperice	us-co.	٠.					
	/ (c) (c)	NS CONTRIBUTING TO DEATH B	UIT NOT PELATED TO	THETEDIAINAL	DISEASE CONF	UTION CIVEN	LIM BART No.	TIO MAG	ALITOPEY
(A)							IN PARI I(d)	PERF	ORMED?
	AS UNDERLYING [] 20b. [CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED (Enter nature o	rf injury in Port I	l ar Part II af it	em 18.)			
20c. TIME OF INJUR	, , , , , , , , , , , , , , , , , , , ,		PLACE OF INJURY (Home, form, 20	Of. (City or tow	n)	(Count	ly)	(State)
Hour o.m.		hile Nat whyte? work at work	iociory, sireer, orne	e brag., erc.)					
21. L certify th	of Lattended the dece	ansed from tulis	10.55	1. 10 F-e-1	-12	10 (76)	hat I last		
alive on F	1014	777	ith occurred at	MUEPM	from the	, 173/2_2.,1	andr i idst	20W Ine	e decease
0110001		Zaza, ond mar ded	in occorred de		RESS (Street, cit			Jaie stat	SATE SIGNE
ACTUAL //	Melling	Thoil	200 /1/1	De Vill		Vo L	uli	211	17/18
SIGNATURE	- Care	Jane	CAD-VX	elegan.	LUCA	ten fil.	L4	/	ZJ-Y-J-
PHYSICIAN'S NAME (Type)	W. Glenn Spei	cher, Westmins	ter. Md.					, ,	
220 BURIAL CREMATIO	N. 22b. DATE THEREOF	22c NAME OF CEMETERY		724	LOCATION (C	the town or	county)		
REMOVAL (Specify) Burial	Feb. 16. 195			220		, ,		(5to	-
23. FUNERAT DIRECTOR		ADDRESS	cery	24g, REC'D BY	Tyrone	24b. REGISTR			and .
C.O. Fuss		Tanaytown.	Ma	DATE EB 1	6 '59		4 8. The		
U_U_U_USS (v aun	INDEVIOUS.	WET a	I DATE		g	-1 G1, 1 VIUN	MANY TABLE	



01743

740	CERTIFICATE	OF DEA

TLI

		1740	CERTIFIC	AIE OF D	EMIN			Reg. Dist.	No.	
	1. PLACE OF DEATH 6. COUNTY Cal	rroll	MARYLAND	2 USUAL RESID	Maryla:		If institution. COUNTY		before od	
	b. CITY OR TOWN (If a	outside corporate limits, write est town)	c. LENGTH OF STAY IN 16		OWN (If outsid		sils, write RL		~	
		ld State Hospi			er Spr	ing			1	The
	d. NAME OF HOSPITAL OR INSTITUTION Sykosville	(If not in hospital, give street) Maryland	oddress)	d STREET AD	essex 1	Road			0	RESIDENCE N A FARM?
	3. NAME OF DECEASED	First	Middle	Last		DATE	Ment	h	Doy	Year
	(Type or print)	Edward	George	MARTIN		OF DEATH F	ebrua	ry	24,	19 59
\	5. SEX	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B DATE OF BIRTH		9. AG	E (In years birthday)			NDER 24 HRS
)	Male	White widowi	ED DIVORCED	April 20	, 1887	77	yrs.	Months D	юуь Но	urs Min.
	Food Analys	(Give kind of work done 10b. g life, even if retired) W		QUIP. New	York				S.A.	HAT COUNTRY
	13. FATHER'S NAME		allert as a se	14. MOTHER'S			_	_		
		CHARLES W. MAR		XVENCE	rown K	MINNI	E (un	known)	
		N U S. ARMED FORCES? 16 yes, give wor or dofes of service)	SOCIAL SECURITY NO 17	Springfie	ld Hos	pital R	ecord:			
	18. CAUSE OF DEATH	f [Enter only one couse per li	ne for {o}, (b), and (c)]						INTERVA	L BETWEEN
	PART I. DEATH	WAS CAUSED BY AT	teriosclerotic	c heart di	39239					ITS
	420.0	DUE TO								
	Conditions, if ony	, which) (bl								
	gove rise to imp couse (o), stoling the	nediote (Due TO								
	lying couse lost.	(c)								
- spai	O L Bronch	significant conditions of soc.with cereb	CONTRIBUTING TO DEATH BY ral arteriosc.	IT NOT RELATED TO. Le prosis wi	th psy	DISEASE CON Chotic	react	NIN PART I	(o) 19. W PE YES	AS AUTOPSY REORMED?
	200. ACCIDENT WAS OR CONTRIBUTING D	CAUSE OF DEATH	CRIBE HOW INJURY OCCUR	ED (Enter noture of	injury in Port I	l or Port It of i	lem 18)			
	20c. TIME OF INJURY Hour a. m. p. m.	White	NJURY OCCURRED 20e. I	PLACE OF INJURY (H octory, street, office	ome, form, 20 bldg., etc.)	Of. (City or low	n)	(Co	unly}	(Stole)
	21. I certify that	I attended the deceas	ed from Februar	9 . 19 59	to Febru	uary 24	• 19 59	.that I la	st saw t	he deceased
		rusry 24, 12								
		7 . 1-1	2 0			RESS (Street, ci				DATE SIGNED
	ACTUAL SIGNATURE	ustru del	Campo	M.D. Sprin	gfield	Hospit	al		2	2/25/59
1	PHYSICIAN'S		- MD	Carlen	ville,	Mo mela	r.d			
	PHYSICIAN'S A	gustin delCamp			ATTTO,	reary 18	15.1			
	220 BURIAL, CREMATION, REMOVAL (Specify)		22c. NAME OF CEMETERY			LOCATION (State)
	BURIAL (Specify)	2/28/59	UNION CEMETER	Y	Į.	ROCKVIL				
	WARNER DIRECTORS	MEHREY, INC.	ADDRESS SILVER SPRIN	IC MD	24a. REC'D BY			TRAR'S SIGN		
	AB VIE . IF	11 1012 61	OTMITTAL OTTICES	7	DATE HERE O	0 150	(7	1. 1 8 8	11	

may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be coched far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 V5 A15 (4) 15M 9/SII



ofter death

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMOR	₹E, 18
1742	CERTIFICATE OF DEATH	

01745

Reg. Dist. No.

ΛĒ	, PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
П	a. COUNTY CATALLE MARYLAND	a. STATE 1 DAY Property 6. COUNTY (1) 25 CV
ľ	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give neorest fown)	Regard Watherent
ľ	d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS
	OR INSTITUTION West Proceeding PR #6	Westermate PR #6 VES G-NO [
	NAME OF DECEASED DO X/F First CFD+DUDE	Last 4. DATE Month Day Year
-	(Type or print) ATO 1/23 CIZIFT/RUDE	1/2011 DEATH FEB. 2 1954
-	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 9. AGE (In years loss hitchdoy) Months Days Hours Min.
	Of USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	RY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	home-trace	hystromoter md. U.S.a.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Min V. Treel	Forego Cyse
	S. WAS OFCEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
L		Mariliantes M. Rilain WyoMemole MARL
ſ	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	O 11 INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Henorrhade 2 days
1	442x DUE TO DA Affections	igal !
	Conditions, if any, which) (b) aller -c	Messis & Cardle) - 10 yrs
	gave rise to immediate coese (a), stating the under-	1 Revaldeilese
	lying couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		YES NO
	I OR CONTRIBUTING □ CAUSE OF DEATH	D. (Enter noture of injury in Part I or Part II of item 18.)
- 1		
	Thour a.m. White Not white for	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	p. m. 19 at wark at work	<u>^</u>
1	21. I certify that I attended the deceased from Man	1955 Go Felic 2 , 1955, that I last saw the deceased
	alive on February, 19.57, and that death	accurred at 4.36/1M, from the causes and on the date stated above.
1	lule the in	ADDRESS (Street, gity or town, state) DATE SIGNED
	SIGNATURE WYLLICA BELLENS	MOWS Municipal Med Feb 2/1959
/	PHYSICIAN'S	
	NAME (Type)	
	70. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY O	
	Queli 1 =13.3,1659 healphassol	allemelian / Gathamatia, Mand
1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	249 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
L	X 2 Myer, P. Weatherston, 1	DATE FEE 4 '59 In larg & track



K
(Re

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1743

CERTIFICATE OF DEATH

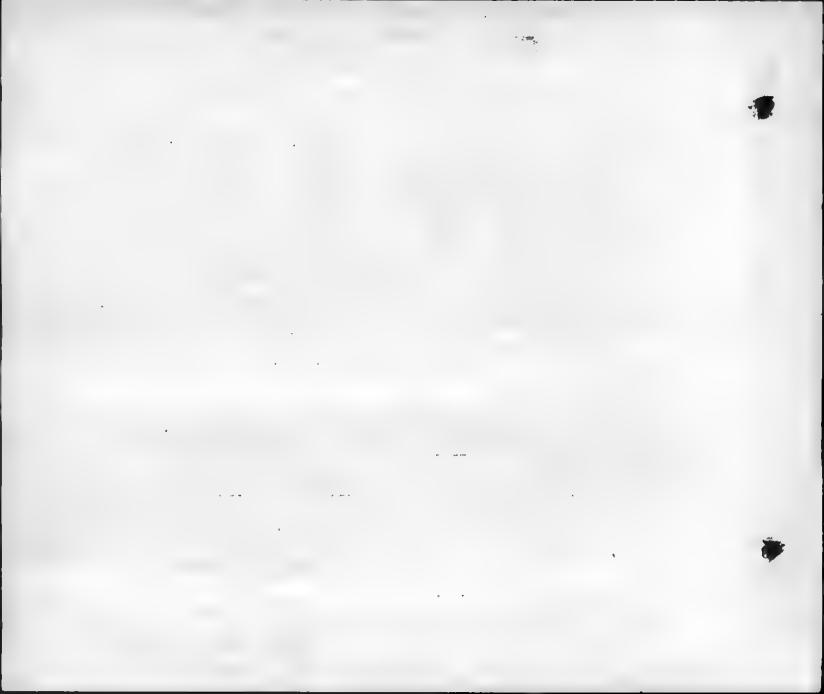
01746

Reg. Dist. No.

1												
1	PLACE OF DEATH					2 USUAL RESI	IDENCE (Who	ere deceased i	ived If instituti		e before s	admission)
	Carroll			MARYL	AND	Maryl	and		b. County			
Г		Foutside carporate limitarest town)	Is, write	c. LENGTH OF STAY I	ИЪ	c. CITY OR	TOWN (IF or	ulside carpora	te fimits, write R	URAL and gr	ve neares	t tawn)
	Sykesville			2 mo. 12	day	XSykes	ville					
	OR INSTITUTION	AL (If not in haspital, g				d. STREET	ADDRESS	-			0.	IS RESIDENCE ON A FARM?
		ld State Ho	ospit	al		Oakla	ind Mi	11 Road	i			ES MO
3.	NAME OF DECEASED	Fir	st .	Middle		to	s†	4. DATE OF	Mar	nth	Doy	Year
L	(Type ar print)	Elizal	7	Birgi	nia	Nichol	Lson	DEATH	Febru		24,	19 59
5.	SIIX	6. COLON OR RACE	7 MAR	RIED NIVER MHIRIE		B DATE OF BI	lH	9.	AGE [In years last birthday]			UNDER 24 HRS.
	Female	White	WIDOW	And the second s	~ I	Septemb			84 yrs	/Months	Deys n	Min
100	during most of work	N (Give kind of work in ing life, even if retired	done 10b	KIND OF BUSINESS OF	RINDUS	TRY 11. BIRTHP	LACE (Stote o	ar foreign cav	ntry)	12. CITI2	ZEN OF	WHAT COUNTRY
	Housewife			_		Per	nsylva	ania		U.	S.A.	
13.	FATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME				
	George W.	Ehv				Mar	v Jane	e File				
	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 10	NFORMANT			Add	ress		
L	no	in yet, give not be distant or i	at vice j			Springfi	eld H	ospita	L Record	ls		
		TH [Enter only one co	use per li	ine far (a), (b), and (c) }								AL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	Bronchopneu	mon	1a					Da	AND DEATH
1	491x	DUE TO										
	Conditions, if or	ny, which) (b										
	gave rise to in	nmediate (DUE TO										
	lying cause last.	me <u>under-</u>	1									
Z	PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE (ONDITION GIV	VEN IN PART	1(a) 19.	WAS AUTOPSY
CERTIFICATION	CBS ASSOC	ਪਤਾਵਾ ਵਾਲਾ	TRRAI	ARTERIOSCI	፲ ፲፻፻	STS LITT	TH PSY	CHOPTO	REACTIO	ON.		PERFORMED?
Ę	20g. ACCIDENT WA	S UNDERLYING []		CRIBE HOW INJURY OF						D.7.4.6	!	
	OR CONTRIBUTING	CAUSE OF DEATH										
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	21 I costify the	at Lattended the		sed fram Decen	nher	13.10 58	to Fe	bruary	24-19 5	9 that I k	net eaw	the decease
	100	bruary 24.	12									
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	ACTUAL SIGNATURE 201	mund o	Ju	ellan		м.в. Spi		· ·	ate Hos	,	2,	/25/59
	PHYSICIAN'S NAME (Type) F.	dmund Lust	haus	M.D.		Sy!	kesvil	le, Ma	ryland		***	
220	BURIAL CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CEME	TERY O	R CREMATORY			N (City, tawn,			(State)
	BURIAL'S	2/27/	59	BALTIMO	RE	CEMETE	RY	BAL	TIMORE	MARY	LAN	D.
23.	FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS			24a REC'E	BY REGISTRA	R 24b. REGI	STRAR'S SIGI		
	HENRY SA	NDER & S	ONS	INC BALTI	MOF	E MD.	DATE	B 2 7 '59	% × .	23-11 B. 1	CONTRACT	
Sec. or											-	



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MARYLAND

c. LENGTH OF STAY IN 16

o STATE

2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Maryland

1 6 '59

b. COUNTY

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Frederick

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained to the haspital or attending physician.	poor 3 should be detected for use as the huisi-transit operation. Then there earlies carbon popers. Pages 1 and 2 the filed with	the reastrat priar to burial, cremation, and in any event within 72 hours after death.	
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VS A15 (4) 15M 9/55

1. PLACE OF DEATH

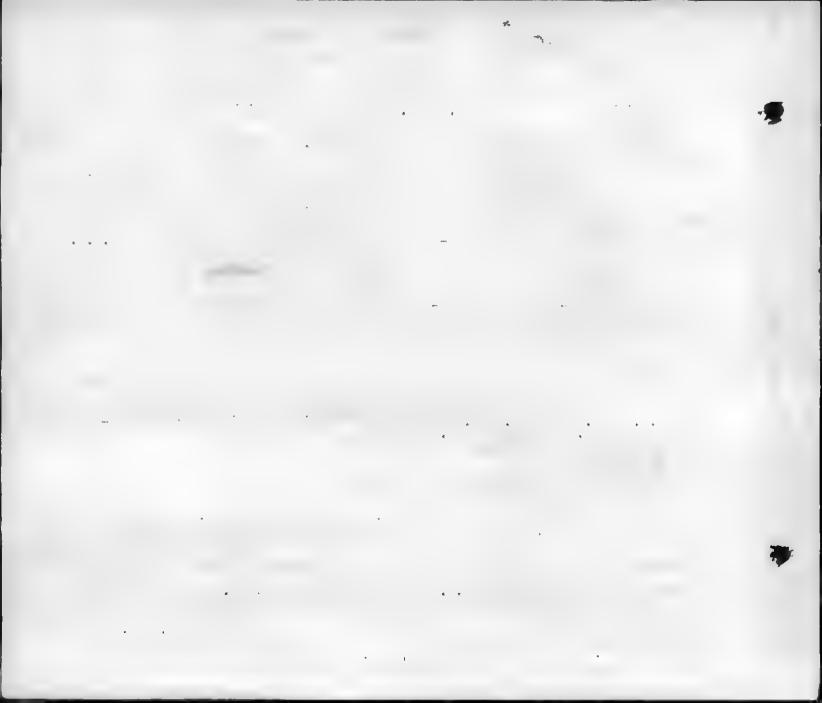
Carroll

RURAL and give nearest town)

b. CITY OR TOWN (If outside corporate limits, write

o COUNTY

	Sykesville Syrs.iumos.izo	lays: Frederick ,	
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	. IS RESIDENCE
2"	Springfield State Hospital	17 E. Patrick Street	YES NO
3.	NAME OF First Middle DECEASED (Type or print) Katherine Gertrude Goolsby	y Ponton 4. DATE Month OF DEATH February	13, Year 13, 19 59
5	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH March 18, 1878 9. AGE (In years lost birthdoy) 80 yrs. Months	1 YEAR IF UNDER 24 HRS Days Hours M.n
10	usual Occupation (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even if retired) Housewife	STRY 11 BIRTHPLACE (State or foreign country) 12. CIT Virginia	U.S.A.
13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	John Goolsby	Margaret Lowe	
		NFORMANT Address	
, i		Springfield Hospital Records	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic	heart disease	INTERVAL BETWEEN HTABD DANA JEROY STEPY
	Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying couse lost. DUE TO DUE TO (c)		
CATI	C.B.S. association chricia for sufficient for five fying phrase. Pyelonephritis.	<u> </u>	PERFORMED? YES NO
CERTIMICATI	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 or Part 1) of ilem 18)	
MEDICAL	Hour o.m. p.m. 19 While Not while for work of work	ctory, street, office bldg , etc.)	County) (State)
	21. I certify that I attended the deceased from March 31 alive on February 12, 1959, and that death ACTUAL Education Tuestages	accurred at 3:45A M, from the causes and an th	ast saw the deceased the date stated abave. DATE SIGNED 2/13/59
ĸ	PHYSICIAN'S Edmund Lusthaus, M.D.	Sykesville, Md.	c(1)[77
22	Burial, Cremation, 22b. Date thereof 22c NAME OF CEMETERY O Zion Memor	ial Cumberland, Md.	(State)
23	EUNERAL DIRECTOR'S SIGNATURE CHAPTERS Cumberland, M	d. 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIG	



HEALTH DEPT AMINER: This certificate should be executed within 24 hours offer death. If any de by is necessary, please writing the word "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page to the Chief Medical Exeminer's Office along with form PM3. Page 5 may be retained for yearles. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with, the State Board. Feath, prior to burial, cremotion, or removal, and in any event within 72 houry ofter death. TO DEPUTY MEDICAL EXAMINER: This its designated agent, 4 should be forwed to FUNERAL DIRECTOR:

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VS A15ME

BM 2757

			AAFE	NCAL EVALAIN	EDIC CEDILLI	CATE OF DEA	71.1	01740
			1809	MCAL EXAMIN	ER'S CERTIFIC	AIE OF DEA	Reg. Dist.	No.
•	1, 6	COUNTY	-4.603	de	il e	KEE (Where deceased lived	-49	before odmission)
		(1	arrill		YLAND 9 STATE	Ull	COUNTY	ごさくとし
	D	and give magrest tow	If guiside corporate limits, write It	c. LENGTH OF STAY	IN IB	VN (If outside corporate Jim	ils, write RURAL and gir	re nearest favri)
	- 6	NAME OF HOSPI	TAL OR INSTITUTION (IE)	not in hospital, give street oddre	d STREET ADDR	ESS - 1-0, 7 3 mb	cons	Te IS RESITEN
0			on deserver a	TRANSPORT OF THE PARTY OF	18 tha	roderen -11	4 may market	ON A FAR
		NAME OF DECEASED Type or print)	Mar Ga	YET E.	RUIT A	DEATH	Month 2	Doy Year / 19 5"
	5. Ş	te onali	904	MARRIED NEVER MARRIE	D DATE OF BIRTH	9 AGE lost brill	Months Day	
	10a	USUAL OCCUPATI	ON (Give kind of work do		INDUSTRY 11 BIRTHPLACE	(State or fareign country)	12. CHIZEN	N OF WHAT COUN
	10 10	tient while	ing life, even if retired)	Mitture .	The Ex	mid.	71.	S.A.
	13.	FATHER'S NAME	1		14. MOTHER'S MAHI	DEN NAME		Stantant but
	6	1 " 74	. Mark	L. H.	Tritra	AL 731	I delike -	di Militari
	15. Yes,	WAS DECEASED ET	VER IN U. S. ARMED FORC	ES? 16 SOCIAL SECURITY NO	. 17. INFORMANT	P. 41	Address	6 /
		19 CAUSE OF DEA	LTM (Fotor only one course	per line for (o), (b), and (c)	Med White Wit	Hit The C	affected !	INTERVAL BETWEEN
			TH WAS CAUSED BY:	CERONARY	OECKLSI	lan	2	MIN IN
		420.1	IMMEDIATE CAUSE (o) _	Canada	0 = 10,007	017		!') !' <u>''</u>
		Conditions, if					İ	
		gave rise to imme (a), stating the						or the anatomic
	"	covee lost.	(c)	NONE CONTRIBUTION TO DEAL	THE BUT AND TO LATED TO THE	YES COLOR DIFFERENCE COLOR	101.00151.51.51.51	
	CERTIFICATION	PARI II, OI	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEAT	M BOT NOT RELATED TO THE	TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(PERFORMED?
	TFIC	20g EXTERNAL CA	USE WAS 206	DESCRIBE HOW INJURY OCCU	RRED (Enter nature of injury i	in Part I or Part II of Hem 11	1)	YES NO
	CER	PRIMARY OF CO CAUSE OF DEATH	INTRIBUTING []					
	MEDICAL	20c. TIME OF INJU			Oe. PLACE OF INJURY (Home factory, street, office bldg	form, 120f. (City or town)	(County) (Stot
	MEG	Hour g.m. p.m.		While Not while at work at wark				
		21. I certify t	hat I taak charge o	if the remains describe	d above, held an Au	tapsy 🔲, Inspectio	on 🔀. Inquiry	and in
		apinion death	resulted fram: No	itural causes 🔀, Acci	dent, Suicide], Hamicide [], (Indetermined mai	nner
		ACTUAL SIGNATURE	uls I	horal	M.D CHIEF MEDIC	CAL EXAMINER		DATE SIGNED
5		EXAMINEN'S	7	11	ASSISTANT N	REDICAL EXAMINER		h 71-
ر)و		NAME (Týpa)	AMES /	MARSH		ICAL EXAMINER 🖼		
	220	BURIAL CREMATIC		22c NAME OF CEMET	ERY OR CREMATORY	22d LOCATION (City	towa-or county)	(Stole)
	23	FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	111 xleday 1240	REC'D BY REGISTRAR 2	IN REGISTRAN'S STENA	J. Sister
	_1	Kuther	. It. Horly	14 Hon the	1 11 6 11 1	MAR 2 '59	. %	randa

MAADVEAND CTATE DEDADTMENT OF HEALTH DALTMODE TO

ON A FARMA YES NO Year 19 IF UNDER 24 HRS Hours Min. WHAT COUNTRY?

WAS AUTOPSY PERFORMED? NO 🗌

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1	PLACE OF DEATH COUNTY CAPROLL		MARYE	41	STATE CALLO	II b. COUN	City		1)
	b. CITY OR TOWN (f autside carporate limi earest town)		- 1				nearest fawn)	٧
-	(Rural) S	Sykesville	42yrs 14 d	ays				le is pesini	EN/CE
-					Springfle	314 Walbro	ospital		
3	NAME OF				Lost	4. DATE	1997 Annth	Day Yes	Dr.
	(Type or print)			-000	Rambo	DEATH	2		
5						Jest birthdo:	Manths Da		
10				_				N OF WHAT C	OUNTRY?
	none	ting life, even it refired) 		Brazil		unkt	IOWII	مسا
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-		TH (Enter only one co		1	TINGITETO	dade nospida.			VEEN.
						•	1	DNSET AND D	EATH
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	cause (a), stoling		and the second s	and a				7	
12			I		T PELATED TO THE TERMIN	NAL DISEASE CONDITION	CIVEN: INI BART 1/		TORSY
	Demen	tia Praeco	c, catatonic typ)e •				PEREQRA	VED5
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OF	CURRED. (E	Enter nature of injury in P	ort 1 ar Parl II of Item 18.)			
ASEDICA	20c TIME OF INJUR Hour o. m	Y Month, Day, Yes	OF 20d INJURY OCCURRED White Not white of work	20e. PLACE factory	OF INJURY (Home, form, , street, affice bldg , etc.	20f. (City or town)	{Cour	nty)	(State)
	21. I certify th	at I attended the					2,that I las	t saw the de	eceased
	alive an2=	27	, 19/_5/9, and that	death ac					
1	ACTUAL SIGNATURE	walter.	1cum	M.D			•	DATE	SIGNED
_	PHYSICIAN'S Wa	lter Knopp	, M.D.		Sykesvi	lle, Marylan	d		
2	BURIAL, CREMATIO							(State)	
23	. Part Hyppreston			CIAN				TURE	
	X-Lann.	The state of the s	4101 Ed	mond	Bon DATEMAR				
	117-4,1014		714. 714.6/				7 464 7 65		
	MEDICAL CERTIFICATION	b. CITY OR TOWN (I RURAL and give ne (Rural) (I RURAL and give ne (Rural) (I Aname of hospit or institution Spring fie) d. NAME OF HOSPIT OR INSTITUTION Spring fie 3 NAME OF DECEASED (Type or print) 5. SEX Male 100. USUAL OCCUPATION during most of work none 13. FATHER'S NAME Dr. Staf. 15. WAS DECEASEDEVE (To., no or unknown) 18. CAUSE OF DEA PART I. DEA HAMP (Type) 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 200. TIME OF INJUR HOUR O. m P. m 21. I certify the olive on 2.— ACTUAL SIGNATURE PHYSICIAN'S WA 220 BURIAL, CREMATIO BULT 18. I	b. CITY OR TOWN (If outside corporate limic RURAL and give nearest town) (Rural) Sykesville d. NAME OF HOSPITAL (If not in haspital, gor INSTITUTION Springfield State Ho 3 NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE Wale 100. USUAL OCCUPATION (Give kind of work during most of working life, even if retired none 13. FATHER'S NAME Dr. Stafford Rambo 15. WAS DECEASEDEVER IN U. S. ARMED FOR (Yes, no or unknown) Unknown 18. CAUSE OF DEATH (Enter only one corporate limic days with the gove rise to immediate cause (a), stoling the underlying cause lost. PART II. OTHER SIGNIFICANT CON PART II. OTHER SIGNIFICANT CON PART II. OTHER SIGNIFICANT CON OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CON OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that I attended the olive on 2-27 ACTUAL SIGNATURE PHYSICIAN'S Walter Knopp. 220 BURIAL CREMATION, 22b, DATE THEREO PREMOVAL ISpecify) BULT 2. 2 224 28/59	b. CITY OF TOWN (If autide corporate limits, write RURAL and give nearest town) (RURAL) Sykes VIIIe d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Springfield State Hospital 3 NAME OF PECASED (I'pe or print) 5. SEX 6. COLOR OR RACE No Bushal OCCUPATION (Give kind of work done) during most of working life, even if refired) 100. USUAL OCCUPATION (Give kind of work done) during most of working life, even if refired) 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 179. Ma or unknown) 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA DETO Canditions, if ony, which gave rise to immediate couse (a), stoling the yader: If ying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA DETO CONTRIBUTION (C) ACCUPENT MAS UNDERLYING) 200. ACCIDENT WAS UNDERLYING (C) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA DEMONTAL SPREAMS (C) TO DEA DETO CONTRIBUTION (C) ACCUPENT MONE) 19 of work of the Work of DEATH (IF EITHER, NOTHER MEDICAL EXAMINER) 21. I certify that I attended the deceased from AUGUS OR COLDENT WAS UNDERLYING; PART II. OTHER MEDICAL EXAMINER) 22. I certify that I attended the deceased from AUGUS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA ACTUAL SIGNATURE PHYSICIAN'S Walter Knopp, M. D. 220 BURIAL CREMATION, 1276. DATE THEREOF BUT 18. 1 222 NAME OF CEME PHYSICIAN'S Walter Knopp, M. D. 223 BURIAL CREMATION, 1276. DATE THEREOF BUT 18. 1 224 NAME OF CEME PHYSICIAN'S Walter Knopp, M. D.	b. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] RURAL and give nearest town] (Rural) Sykesville 22yrs. 14 days d. NAME OF HOSPITAL [If not in hospital, give street address) OR INSTITUTION Springfield State Hospital 3 NAME OF DECEASED [Teiting Middle [Type or print]] 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. E. Male Wildle Middle Midd	D. CITY OF TOWN (If outside copporate limits, write public of the public	C. CITY OF TOWN (If coinide corporate limits, write RURAL and give encorate town) (Rural) Sykesville 2yrs. 11 days Sykesville Balt Sykesville Company Co	CITY OF TOWN IT durings corporate limits, write *CLENGTH OF STAY IN 1b C. CITY OF OWN IT durings corporate limits, write *CLENGTH OF STAY IN 1b C. CITY OF OWN IT durings corporate limits, write *CLENGTH OF STAY IN 1b C. CITY OF OWN IT durings corporate limits, write *CLENGTH OF STAY IN 1b C. CITY OF OWN IT durings corporate limits, write *CLENGTH OF STAY IN 1b C. CITY OF OWN IT durings corporate limits, write *CLENGTH OF STAY IN 1b C. CITY OF OWN IT durings corporate limits, write *CLENGTH OF STAY IN 1b C. CITY OF OWN IT durings corporate limits, write *CLENGTH OF STAY IN 1b C. CITY OF OWN IT durings corporate limits, write *CLENGTH OF STAY IN 1b C. CITY OF OWN IT durings corporate limits, write *CLENGTH OF STAY IN 1b C. CITY OF OWN IT durings corporate limits, write *CLENGTH OF STAY IN 1b C. CITY OF OWN IT durings corporate limits, write *CLENGTH OF STAY IN 1b C. CITY OF OWN IT durings corporate limits, write *CLENGTH OF STAY IN 1b C. CITY OF OWN IT durings corporate limits, write *CLENGTH OF STAY IN 1b C. 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CITY OWN IN 1b C	CITY OF YOWN, If Causties corporate immin, write RURA and give necest town)



VS A15 (4) 15M 9/55 2

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
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1747 CERTIFICATE OF DEATH

Reg. Dist. No. 1751

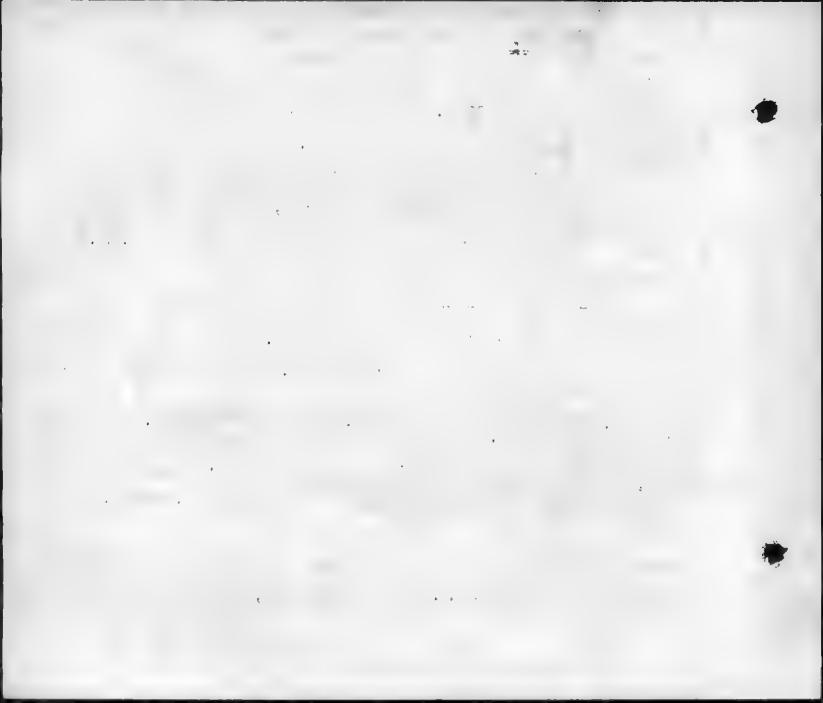
1. PLACE OF DEATH o. COUNTY Ca	rroll	MARYLAN	2 USUAL RESIDENCE (WHO o. STATE Mary		b. COUNTY	_	e before		ion)	
b. CITY OR TOWN (If RURAL and give ner	outside corporate limits, wri			,		JRAL and gr	ve near	est lawn	}	
Sykesvill	e	19yrs.2mos.9	days Pocky	Ridge,	R#1		100			
d. NAME OF HOSTIA OR INSTITUTION Spring	AL (If not in hospitol, give str field State F	eet oddress) Hospital	d. STREET ADDRESS				•		DENCE FARM? NO	
3 NAME OF	First	Middle	Lost	4. DATE	Moni	th	Day	Y	leor .	
(Type or print)	George	E.	Ramsburg	OF DEATH	DEATH February			1	1959	
S SEX	6. COLOR OR RACE 7 M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER 1			R 24 HRS.	
Male	White woo	OWED DIVORCED	November 28,	1880	78 yrs.	Months	Doys	Haurs	Min.	
10a. USUAL OCCUPATIO	N (Give kind of work done I	106. KIND OF BUSINESS OR IN	IDUSTRY 11 BIRTHPLACE (Stote	or foreign coun	try)	12. CITI	ZEN OF	WHAT	COUNTRY	
Farmer	and the creation remode	-	Maryland				U.S	A.		
13 FATHER'S NAME			14. MOTHER'S MAIDEN	NAME						
George S.	Ramsburg		Ellen L.	Hollan	d					
	IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO 1	7. INFORMANT		Addr	955				
No	-	-	Springfield H	ospital	Record	3				
18 CAUSE OF DEAT	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]									
PART 1 DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	rte riosclerot	ic heart diseas	se			0143	Y	E	
420.	DUE TO									
Conditions, if or	7. WILLIAM (B)	Generalized art	eriosclerosis				Years		' 5'	
	gove rise to immediate couse (o), stating the under DUE TO									
lying couse last.										
	Par II. Other significant conditions contributing to death but not related to the terminal disease condition given in part 1(a) 19. Was autopsy Performed? Bronchopne umonia.									
	S UNDERLYING [] 20b. CAUSE OF DEATH MEDICAL EXAMINER;	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Port I ar Parl 11	of item 18)					
3 20c. TIME OF INJURY			PLACE OF INJURY (Home, form	. 20f. (City or	town)	(Co	ounly)		(State)	
20c. TIME OF INJURY Hour o. m. p. m.		hile Not while work at wark	factory, street, affice bldg , etc							
	at I attended the dec	eosed from March 7	, 19.55 , to Fe	bruary	15, 1959	thot I le	ast sa	w the	deceased	
alive on Febr	m, orl	The state of the s	oth occurred at 9:30P	-						
	7 - 0	0.0			it, city or town,				ATE SIGNED	
SIGNATURE SIGNATURE	ushin de	& Church	Mo. Springfi	eld Hos	pital			2/15	5/59	
PHYSICIAN'S NAME (Type)	gustin delCar	mpo, M.D.	Sykesvil	le, Mar	yland					
220 BUR AL CREMATION	11	22c. NAME OF CEMETER		226 LOCATIO	N (City town, c	or county)		[State	e)	
BUTTA (Pecify)	2-18-59	Creagerst	own Cem.	Creag	erstew	m	M	ary	land	
23 FUNERAL DIRECTOR'S	SIGNATURE	ADDIESS		D BY REGISTRA	R 24b REGIS	STRAR'S SIG	NATUR	E		
Vaymen,	1 Cucas	a Thum	LOW MARKE P	EB 1 9 '59) / '	- + 5	di-	n		

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. "age I haspital or attending physician. I After this certificate has been signed by the attending physician and campletely filled in by the function director. I have as the buriol-transit permit. Then please remove corbon appers. Pages I and 2 shape the perfield with an to buriol, cremation, or removal, and in any event within 72 haurs after death.			Ш		-
ATTENDING PHYSICIAN: The law requires that the death certific the hospital or attending physician. After this certificate has been signed by the attending physician the formula the formula the formula the formula the formula to buriel, cremation, or removel, and in any event within 72 haun to buriel.	ate be executed within 24 hours after death. Tage		icion and campletely filled in by the funeral director.	e corbon papers. Pages I and 2 sho se-filled with	s offer death:
	ATTENDING PHYSICIAN: The law requires that the death certific	haspital ar attending physician.	After this certificate has been signed by the attending phys	thed for use as the burial-transit permit. Then please remov	to burial, cremation, ar removal, and in any event within 72 hour

1748 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) · COUNTY Baltimore City MARYLAND Carroll Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 19 mo. 22days Sykesville Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Springfield State Hospital 1734 E. Lafayette YES NO K NAME OF 4 DATE Middle Month Day Year DEATH 1959 (Type or print) Adelie Reid Bessie February 20 6 COLOR OR RACE 7. MARRIED W NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years last birthday) Months Doys Min. WIDOWED | DIVORCED | Sentember 15. Female white 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carry Clemm Charles Reid 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Address Springfield Hospital Records 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic heart disease. vears IMMEDIATE CAUSE (o) 420.0 Generalized arteriosclerosis. Conditions, if ony, which ! vears gave rise to immediate DHE TO couse (a), stating the underlying cause last. CBS assoc, with cerebral arterioscierosis, with psychotic ordered with part 1(a) 19 was autopsy performed? Fracture of right elbow. YES NO IN 206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Patient fell from chair in dining room. MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f (City or town) factory, street, office bldg., etc.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (Slate) Haur Torm Not while Sykesville, Carroll, Maryland of work at work Hospital 6:30 2/20/59 21. I certify that I attended the deceased fram 3/28/58 .. 19____,that I last saw the deceased ... 19...... and that death occurred at 10:30sM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED pringfield State Hospital TO FUNERAL DIRE page 3 shauld be the registrar prior PHYSICIAN'S NAME (Type) Sykesville, Maryland Agustin del Campo. 220 BURIAL CREMATION. 22d. LOCATION (City, town of county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE YS A15 (4) 15M 9/55 Commy S. Thates DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4) 15M 10/57

ARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE, 18
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CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY Carroll	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY Maryland Carroll	
	b. CITY OR TOWN (If outside carporale limits, write SPIRAL and gare regrest town)	c. LENGTH OF STAY IN 16 (home)	c. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest town)	
	d NAME OF HOSPITAL (If not in hospital, give street PRINSTITUTION (HOME)		X Sykesville d. Street ADDRESS e 15 RESIDE ON A FA	RM2
3.	NAME OF DECEASED (Type or print) PayMonD L.	RIDGEL	Way Lost 4. DATE OF DEATH FILE 19 19.	-0
L	Male White WIDOW	ED DIVORCED	May 19, 1926 32 yrs. Months Doys Hours	Min
	USUAL OCCUPATION (Give kind of work done 10b.	Railroad	Brunswick, Maryland U.S.A.	UNTRYP
	rathers name Ralph Raymond Ridgowa	ıy	14. MOTHER'S MAIDEN NAME Eula Bollé	
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16		INFORMANT Address Mrs. Ralph Ridgeway Brunswick. Md.	
	18. CAUSE OF DEATH [Enter only one couse per le PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		y Hrmbosis (marge) Interval Between	
	Conditions, if ony, which (b)		Le 15	58
	gove rise to immediate cause (a), stating the under- lying cause lost. (c)		Fel-M.	17.9
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMI YES 1 N	ED?
	200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	RED. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. 19 White of wor	Nat while fa	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.)	(State)
	21. I certify that I attended the deceas alive on 19 74 , 19 5 ACTUAL SIGNATURE THOUSE &		th accurred at 6 454 M, fram the causes and on the date stated a ADDRESS (Street, city or town, state) M.D. Affairle M.D. 17 46	
	PHYSICIAN'S NAME (Type)		/	
220	Burpy 225 College Per Par Par Par Par Par Par Par Par Par Pa	22c. NAME OF CEMETERY O		
23.	EURIFFAL DIRECTOR'S SIGNATURE BY	ADDRESS unswick, Md.	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE	



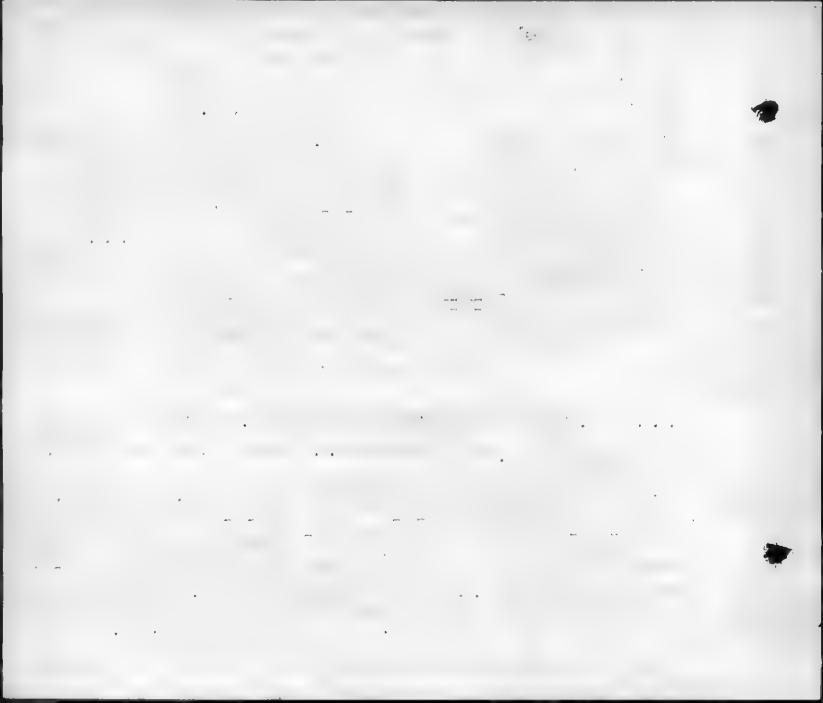
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

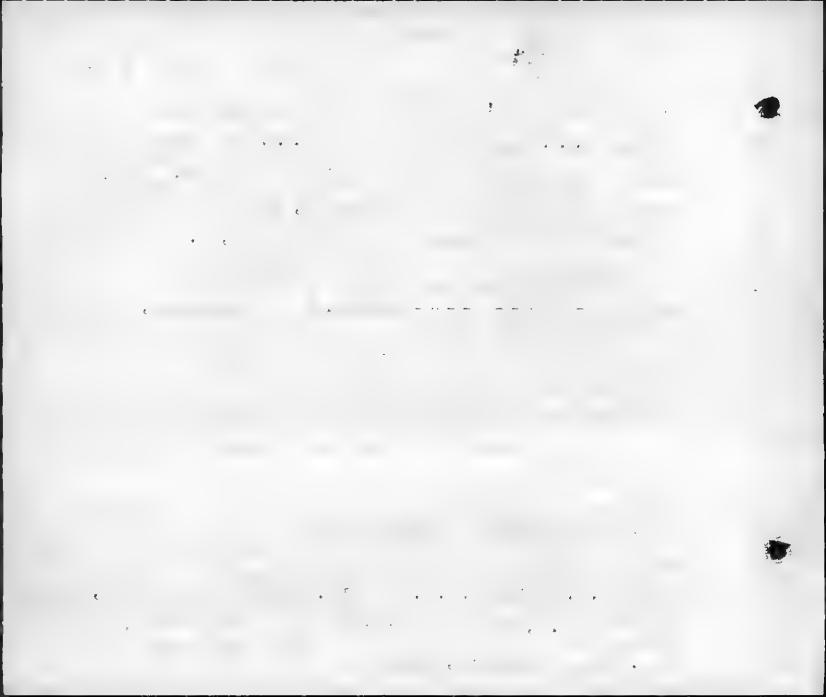


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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO FUNERAL DIRECTOR in support of present the property of the
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Springfile d State Hospital 3. NAME OF DECAME DECAME DECAME Schreiber Sc	1175											
O. COUNTY				MARY	LAND	d. STATE		e deceased	lived If instituti b. COUNTY			admission)
b. CITY OR TO	CERTIFICATE OF DEATH AGE OF DEATH COUNTY COUNTY COUNTY CONTROL CATTOL C			st fown)								
					ys			24,	Md.	~ V	-	4
Springs	iospital (If not in hosp tion ie d State	Hosp	ita	ddress)				od Av	те		-	IS RESIDENCE ON A FARM YES NO
	Willi			Middle				DATE OF DEATH		nth		Yeor 1959
5. SEX	6 COLOR OR R	ACE 7.	MARRI	ED NEVER MARRI	ED 🔲	B. DATE OF BIRTH			9. AGE (In years	IF UNDE		
M	W	w	IDOWE	DIVORCE		9-27-79			79 yrs.		Doys	Hours Mi
Elevato	it working tife, even if re	work don stired)	10b. K	IND OF BUSINESS O	R INDU			fareign co				
						14. MOTHER'S MAII	DEN NA	ME				
						Lena						
15, WAS DECEASE [Yes no. or unknown]	ED EVER IN U S. ARMED	FORCES	71	8001_0021		NFORMANT		pital				
	DEATH WAS CAUSED	BY:	per line	far (a), (b), and (c)		cardiovasc	ular	dise	ease		INTER ONSE YOU	VAL BETWEEN
gave tise	, if any, which)	(b)	Ger	neralized	arte	rioscleros	is				3	rears
lying couse	N N											
200 ACCIDER	NT WAS UNDERLYING E	20i	b DESC	RIRE HOW INJURY O	CCURRE	Epler Mult of inju	vais l'm	iot ir	lettien fell	eased		
	INJURY Month, Day	Year	20d IN		20e PL	ACE OF INJURY (Home	farm.	20E (City	or fown)	-	(County)	(\$1
21. I certificative on	у пі,	טפונ	at work	d from 5-1	2-	, 19 <u>58</u> , to occurred ot9=3	O P	2-21- M, from	the causes of	,that l and on stole)	last sav	
NAME (Type)			aus									
Burial 73 WHETAPORE	CTOR'S SIGNATURE	59		L oudon	Pk.	240.	B. REC'D 5	alti	more 29	9, M	d.	(State)
Witzke	Funeral	Dir	ect	ors,4101	Ed	nondson	eve !			arth	1 2 h	

VS A15 (4) 15M 9/55





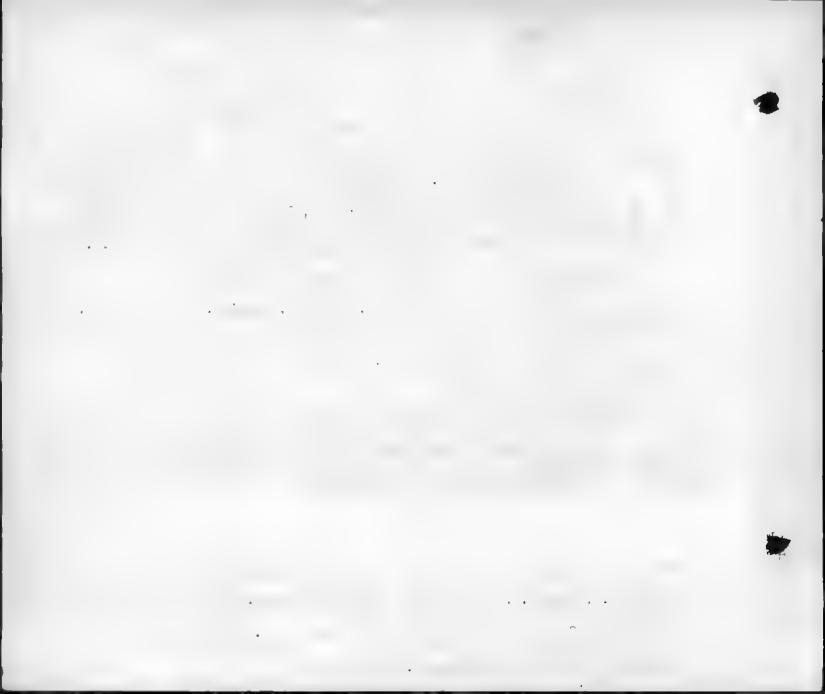
VS A15 (4) 15M 10/57 0

ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18
40 has no as				

1753 CERTIFICATE OF DEATH

0 1757 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (Where deceased lived It institution Residence before admission)						
Carroll . MARYLAND					Maryland 6. COUNTY Carroll						
b. CITY OR TOWN (IF RURAL and give ne	outside corporate limorest town) Union Brid		c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn) Union Bridge						
d. NAME OF HOSPITA	1	d. STREET ADDRESS o is residence on a FARM? YES \ NO \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{									
3 NAME OF DECEASED	Fi		Middle		lost	4. DATE OF	Mor	nth	Doy	Year	
(Type or print)	Harr		V.		trausburg	DEATH	Februar	У	28,	19 59	
5. SEX	B. C	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UND					
Female	White	WIDOW	Market .		oril 26, 18		80 yrs	Months (Days Hours	Min	
10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	ar fareign c	country)	12 CITI2	ZEN OF WHAT	COUNTRY	
Housewor			n home		Maryland	1		U.	S.A.		
13. FATHER'S NAME				1	MOTHER'S MAIDEN N						
Willi	am Mille	r			Susan I	Foreme	an				
15. WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO			Add	lress			
no		ai vicer		Mrs.	Joseph P.	Bosti	ian. Midd	leburg	. Md.		
18. CAUSE OF DEAT	TH [Enter only one co	use per li	ne for (a), (b), and (c)]						INTERVAL BE	TWEEN	
	H WAS CAUSED BY		1706-2	11	house	n 4	li a s		ONSET AND	DEATH	
	DUE TO		0 .	· A	11.67.62-1	(,, ,,	1	/			
Canditions, if an			do mo	1 le			X				
gave rise to in	mediate	1	-3C -2-C-C(-	-/					-		
cause (a), stating t lying couse last.	touse (a), from the under										
	FR SIGNIFICANT CON		CONTRIBUTING TO DEAT	H BUT NO	T PELATED TO THE TERM	NIAL DISEAS	E CONDITION OF	/FAA 44 1 B 4 BY	24 120 24446	ALLEGACH	
САТІС			SOUTH OF THE SERVICE S	<u>.,</u> bol (10	TREATED TO THE TERM	INAL DISEAS	CONDITION GIV	YEN IN PAKI	PERFC	RMED?	
PANT II. OTH	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	CURRED (E	inter nature of injury in f	Part 1 or Par	rt 11 of item 18.)				
ZOC. TIME OF INJURY Hour a.m. p.m.	Month, Day, Yes	While al wor	Not while	Oe. PLACE foctory	OF INJURY (Home, farm, street, office bldg., etc.	20f. (Cil)	y or town)	(Co	ounty)	(State)	
21. I certify the	at I attended the	deceas	ed from	26	1859 102	- 2	8 105	That I la	ast saw the	docases	
alive an	2-26-	. 195	7	eath oc	curred at 5.	7 M from	m the causes of				
	4	-	1/2/	cam oc			treet, city or town.			ea abave ATE SIGNES	
ACTUAL	- /·	N.	dega-	МО	flere	211	3nit	7.1	2	7-(3	
			1///				- >			=u^f_	
PHYSICIAN'S NAME (Type) T	H. Legg. M	D.			Union Brid	ige. M	aryland				
220 BURIAL, CREMATION		F	22c NAME OF CEMETI	RY OR CR			TION (City, town, o	or county)	(Stat	e)	
REMOVAL (Specify) Burial	3/2/59		United Chu	irch d	of Christ C		aneytown			-,	
23 FUNERAL DIRECTOR'S		,	ADDRESS			BY REGIST		STRAR'S SIGN			
G.O. Fuse	& Son		Tanevtown.	Marv	and DATE	服 4 '	59 (J)	rimus &	Kraund		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/SS

AADYI	AND	STATE	DEPARTMENT	OF H	JEALTH_R	ALTIMODE	19
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		175	5	CERTIF	ICA	TE OF DEATI	Н		Reg. Dist	. No.	1759	
1.	PLACE OF DEATH			MARYL	AND	2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE Maryland COUNTY						
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) Sykesville 19yrs8m.15d.					c. CITY OR TOWN (If outside corporate tinds, write RURAL and give nearest town) Baltimore 15 3 0 1 - 11						
	d. NAME OF HOSPI OR INSTITUTION Springfie	3	Devonshire Drive e. is residence on a farm? yes \ not									
3.	NAME OF DECEASED (Type or print)	Isado		Middle		White	4. DATE OF DEATH	Februa		20°	Yeor X 19 59	
5.	sex male	20 8	July 31,109	8	9. AGE (In years lost birthdoy) 00 yrs.			UNDER 24 HRS.				
10	during and of southing life area it asterott									IZEN OF WHAT COUNTRY? $U_\bullet 3_\bullet A_\bullet$		
13	FATHER'S NAME Lewis Whi	te				Esther Go						
/ (Y	was deceased ev	ER IN U. S. ARMED FOR (if yes, give wor or doles of o		SOCIAL SECURITY NO.		ords of the	Sprin	gfield St		spit	al	
	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: COronary Occlusion IMMEDIATE CAUSE (o)									INTERVAL BETWEEN		
	Conditions, if ony, which) DUE TO Arteriosclerotic Heart Disease								more than 5 yrs			
	gave rise la cause (a), stoting lying couse lost.	the under-)			White the state of						
CERTIFICATION	Paur II. or Psychosis	with syph				alitis; tabo			EN IN PART	PI	VAS AUTOPSY ERFORMED?	
		AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port t or Por	rl II of item 18.)				
MEDICAL	Hour o.m.	RY Manth, Doy, Ye	While	Not while	PLAI foci	CE OF INJURY (Hame, form ory, street, office bldg., etc	n. 20f. (City	y or town)	(Co	ounly)	(Stole)	
	21. I certify to alive on Feb	hat I attended the ruary 20	deceas			. 19 ⁵⁵ , to Fe occurred at 7:20	PM, from		"that I lo	e date s	the deceased	
ACTUAL Walte Known M.D. Springfield State Hospital,									2 -	DATE SIGNED		
	PHYSICIAN'S NAME (Type)	Walter Kno	-	/ 1		Sykesvil	lle, M	aryland				
22	Secret	12-22-19	59	BN91	,	RYEL	B	/-	HD		(Stote)	
23 Z	ech Lau	(3	100 8	Entan O	20.	24a. REC	D BY REGISTED BY R		STRAR'S SIGI			

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be filed with

ENDING PHYSICIAN: The low requires that the Beath pertificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF BEATH

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	1/56	CI	KIIFICA	TIE OF DEAT			Reg. Dis	t. No.	- All	00
	rroll		MARYLAND F STAY IN 16	2. USUAL RESIDENCE (* g. STATE Mary]		lived. If institution b. COUNTY	n: Resident		• admiss	ion)
b. CITY OR TOWN (RURAL and give in Sykesvi	If outside corporate limits, we carest town) 11e	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hampstead								
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospitol, give s ield State Ho		/d. STREET ADDRESS None o. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO ((3)							
3. NAME OF DECEASED (Type or print)		Rill Wink DEATH				February 4,			Year 19 59	
5. SEX Female	6. COLOR OR RACE 7.		MARRIED	B. DATE OF BIRTH August 13,		9, AGE (In years lost birthdoy) 72 yrs.	Months	Days	Hours	R 24 HRS. Min.
during most of work Cement fa	ON (Give kind of work dane king life, even if retired) CLORY	106. KIND OF BUSI	NESS OR INDUS	Marylar	_	uniry)		U.S.		COUNTRY
Daniel Ri	11			14. MOTHER'S MAIDEN						
	R IN U. S. ARMED FORCES? (If yes, give wor or date of service)			Springfield	l Hospit	al Recor				
Conditions, if a gove rise to i cause (o), stoting lying couse last.	mmediate DUE TO (c)	Infarcti occlu	on of m	yocardium du				ONSI	Hour	DEATH 8
20a. ACCIDENT WA	HER SIGNIFICANT CONDITION SOC. WILL COI AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINERS	· · · · · · · · · · · · · · · · · · ·		POST RELATED TO THE LEG BROSIS, WILL C. (Enter noture of injury	• •		tion.	1(0) 19		AUTOPSY RMED? NO
Y 20c. TIME OF INJUR	Y Month, Day, Year 2	Od. INJURY OCCURF Vhile Nat while I wark of work	foo	ACE OF INJURY (Home, fo tory, street, office bldg.,	etc.)			ounty)		(State)
21. I certify it alive on Feb ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ed I attended the decreary 3, Manual Lust Edmund Lust	1959 , and	that death	accurred at 3:10	A M, from ADDRESS (SIL	the causes of the town, te Hospi	nd on th		e state	
220. BURIAL, CREMATIC REMOVAL (Specify) 23 (FDNERAL DIRECTOR	2-7-19	S P P P P P P P P P P P P P P P P P P P	of CEMETERY OF	tead	22d LOCAT	ION (City, town, of the City t	TRAR'S SIC	O NATUR	(State	uf
Edw &	Tiplou-	Haups	tood 1				Thung S.			

TO HOSPITAL OR ATTENDING ENTSICIAN: The low requires that the Beath Bertificate by executed within 24 hours after may be retained the hospital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shot the registrar prior to burial, cremation, or removal, and in any event within 72 hauss after death. VS A15 (4) 15M 9/55

11. CONTRACTOR OF THE PARTY OF THE . . . The state of the later the state of the s Destroyed Asset Statement